FOR STATE lay is necessary, al director. Page Of Health TO DEP LOY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If every lay is necessary please execute the certificate, writing the word "pending" in pendil in Item 18. Give Pages 1, 2, and 3 to the solid director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Francis or its designated agent, prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VS. A15ME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

10496 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH	1 tem	9 1211 6297	2. USUAL RESIDENCE (Where decessed lived,	If institution: kesidence before admission)
	ce George's	MARYLAND	o. STATE Maryland b. co	Prince George
b. CITY OR TOWN (if a	outside corporate limits.	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, w	rite RURAL end give neerest town)
Hyatts			Hyattsville	
d. NAME OF HOSPITA	L OR INSTITUTION (if not in h	nospital, give street address)	d. STREET ADDRESS	L e. IS RESIDENCE
	lst. Place		6212 41 st Place	ON A FARM? YES NO
3. NAME OF DECEASED	First	Middla	Last 4. DATE Mo	nth Day Yeer
(Type or print)	Robert 1	William	Albright OF Sept	ember 27, 1961
5. SEX	S. COLOR OR RACE 7. MARR	RIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In yes	ors IF UNDER 1 YEAR IF UNDER 24 HRS.
Male	White WIDOV		June 30,1910 5150 yrs.	
10a. USUAL OCCUPATIO	N (Give kind of work 10b.	KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
done during most of worki		Airplane	Illinois	II G A
13. FATHER'S NAME		Bribrane	14. MOTHER'S MAIDEN NAME	U.S.A.
W41714 om	Ellsworth	A7 had wht	France W-3	
15. WAS DECEASED EVER	IN U.S. ARMED FORCES? 16	6. SOCIAL SECURITY NO. 17.	Emma Jane Walser	229
	osgive wer or detes of service)	E 47 OF 40FF		
	928-1932 ATH [Enter only one ceuse per	543-07-4873	Helen Albright Winfi	cee, same as \$ 2
PART I. DEATH	WAS CAUSED BY			ONSET AND DEATH
IM IM	MEDIATE CAUSE (e)	Coronary th	rombosis	
1 9201	DUE TO			
Conditions, if eny,	1-7-	Coronary ar	tery disease	
(e), steting the und	DUIT TO			
cause lest.) (c)			
PART II. OTHER S	GNIFICANT CONDITIONS CO	DNIKIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION OF	GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED?
[A]				YES NO 4
PART II. OTHER SI		CRIBE HOW INJURY OCCURED. (Enter nature of Injury in Pert I or Pert II of item 18.)	
20c. TIME OF INJURY Hour a.m.			CE OF INJURY (Home, farm, 20f. (City or town)	(County) (State)
Hour a.m.	Whi 19 et w	ile Not While fectork et work	ory, sireer, office bidg., etc.)	
	I took charge of the re	mains described above, he	old an Autopsy , Inspection , Inge	uiry , and in my opinion
	m: Natural causes			
	^		CHIEF MEDICAL EXAMINER	
ACTUAL	1000 Back	13-0	ACCISTANT MEDICAL EVAMINED	DATE SIGNED
SIGNATURE	Junes 3	1. vorge	M.D. DEPUTY MEDICAL EXAMINER	
EXAMINER'S , NAME (Type)	JAMES I. B		Address (Street, city, town, or county)	Sept. 27, 1961
220. BURIAL, CREMATION, REMOVAL (Specify) CREMATION	SEPT 30,1961	FORT LINCOL	R CREMATORY 22d. LOCATION (CITY, 16)	
23. FUNERAL DIRECTOR	1 6 1	ADDRESS OM	24a. REC'D BY REGISTRAR 24b. RI	EGISTRAR'S SIGNATURE
W.W. Cho	muss Go. V	merdale, 911	9. OCT 2 '61	Chilled S. Thanks
			I DAIC	

France Groupe's

a.T. Livattav.F.

Seig - Siat. Pince

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Ropert Writtam

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June 80,1910 | 0180 |

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les 1982-1982 5-2-7-4875 Relen Albright Marres, some on M 28

a te odnogati veragoso (

Coronary artery disease

Tables J. 8020, 1.1.

illed in by the funeral is. Pages 1 and 2 should hours after death. within 24 hours after death. Pige 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 h

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

7 517 9 7	CERTIFICATE	OF DEATH		10/	104
. PLACE OF DEATH		2. USUAL RESIDENCE (V			to below admission
•. COUNTY Prince Georges	MARYLAND	e. STATE	b. COUNT		0
b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 1b	Mary La	.NO. side corporate limits, write l	RURAL and give	Georges
write RURAL end give neerast town)		4/1		and give	,
Riverdale	13 hours		e City	4	
d. NAME OF HOSPITAL OR INSTITUTION (if not in h	ospitel, give streel address)	d. STREET ADDRESS			e. IS RESIDENCE
Eugene Leland Memor	rial Hospital	3707 4	3rd Avenue		YES NO
NAME OF First DECEASED	Middle	Last 4.	DATE Month	Day	Yeer
(Type or print) Belle	Vista		OF DEATH Cont	12	19 61
		DATE OF BIRTH	9. AGE (In yeers		IF UNDER 24 HRS.
Fomal o Maita	THE VER MARKIED		lest birthdey)	Months Deys	Hours Min.
WIDOW		0,	O yrs.	110 (17171)	
USUAL OCCUPATION (Give kind of work 10b.	KIND OF BUSINESS OR INDUSTR	RY 11. BIRTHPLACE (County &	State, or foreign country)	12. CITIZEN C	OF WHAT COUNTR'
Housewite 0	Iwn home	Glen Rock.	Pennsylvania	U.S	
FATHER'S NAME	- 11-1-1	14. MOTHER'S MAIDEN NAM			
Thomas R. Herbert		Elvirah	Kerchner		
	6. SOCIAL SECURITY NO. 17.	INFORMANT	Address	C.	those City
s, no, pr (nkown) (Ifyes give weror detes of service)	n	11. m /an.	2702 1/2/0	er.	many con
110		ugter-m. Jone	0,3707-434	Line	ma.
18. CAUSE OF DEATH [Enter only one ceuse pe	r line for (a), (b), and (c).	1 1. 0	, 1		TERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	surke!	Cereoux H	emorning	0	
721Y DUE TO				_	
Conditions, if eny, which (b)	Husportons	-in			
geve rise to immediate cause	11				
(e), steting the underlying cause lest.	Titorin los	a- 1			
PART II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL O	DISEASE CONDITION GIVE	N IN PART 1(a)	19. WAS AUTOPSY
PARTIL OTHER SIGNIFICANT CONDITIONS CO	SHINDOWN TO DEATH BOTH	OF RELATED TO THE TERMINAL E	NOTICE CONDITION GIVE		PERFORMED?
					YES NO
200. ACCIDENT WAS UNDERLYING 20b. D	ESCRIBE HOW INJURY OCCURED). (Enter neture of injury in Part I	or Part II of item 18.)		
(IF EITHER, NOTIFY MEDICAL EXAMINER)				126	
20c. TIME OF INJURY Month, Dey, Year 20c			Of. (City or town)	(County)	(Stete)
Hour a.m. Wh	THE THOI WILLIAM	tory, street, office bldg., etc.)			
р.п. 17		0 11 101	1 0. 13	.11	
21. I certify that (I) (this hospital) atte					
saw the deceased alive on 9.1.2	196, and that	death occured akl.A.A	A, from the causes a	and on the d	late stated above
22e. SIGNATURE		ATTENDING . MED.	STAFF		22b. DATE SIGN
Louis M. In	mal "	A.D. PHYS. MED.		6	7-12-1
22c. PHYSICIAN'S	-	22d. ADDRESS	0		,
NAME (Type) Louis M.	VIM2/	Cott	age City	, Mo	Y-
Byrial, CREMATION, 23b. DATE THEREOF,	23c. NAME OF CEMETERY		LOCATION (City, NOW)	or county)	(Stete)
REMOVAL (Specify	1 + 1	Los atains	The Reserved	104	Fann
H1124 17 17 6/2	Luineran	engery	I en/	OCK,	14111
FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	2Sa. REC'D B	Y REGISTRAR 25b. REGI	ISTRAR'S SIGNA	TURE
scol v true grading	Mew Trans	M. Q. DATE SEP	18'61 a	Thur S. Kra	au Au
10000	()	9			

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15M 9/60

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

3

10498	CERTIFICAT	E OF DEATH		10492
1. PLACE OF DEATH a. QUINTY		2. USUAL RESIDENCE (W	hare dacaasad livad, If inst	17
Prince Georges	MARYLAND	Mary land	M	ont gomery
b. CITY OR TOWN (if outside corporate limits, write RURAL and give heartst town)	c. LENGTH OF STAY IN 16	c. CITY OF TOWN (If outside	de corporata limits, Writa RI	URAL and give nearest town)
d. NAME OF HOSPITALOR INSTITUTION (if no vin	hospital, give straet address)	d. STREET ADDRESS	TAVA, 1-	e, IS RESIDENCE
Paint Branch Nu	King Home	7404 Flo	wer Ave	ON A FARM?
3. NAME OF Eirst	Middle		ATE Month	Day Yaar
(Typa or print) flak	Ellew (EATH SOPI	1 1961
Ten III	MED MEACH WARRIED	B. DATE OF BIRTH	9. AGE (In years IF last birthday)	UNDER 1 YEAR IF UNDER 24 HRS.
10011	WED DIVORCED . KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE County & St	ate, or foraige country)	
dona during most of working life, evan if retirad)	Book of Bibl. 4.	3 0	daicada	U. S. A.
13. FATHER'S NAME	SUN & ENVIETP	14. MOTHER'S MAIDEN NAME	-	71.2.77.
Hiram T. Vand	ermark	Jane -	lones.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yas, no, or uniform) (Ifyasgivawarordatesofsarvica)	6. SOCIAL SECURITY NO. 17.	INFORMANT	Addjess	1
18. CAUSE OF DEATH [Enter only one cause p.	/Vone /	Yursing, Hor	ne Reci	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	a a sisting			ONSET AND DEATH
5 0 1 DUE TO	000	11-		on you
Conditions, if any, which (b)	Dar. Brown	Thilis		five year
gave rise to immediate cause (a), stating the underlying DUE TO				6
Z PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DI	SEASE CONDITION GIVEN	IN PART 1(a)) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS C	ONINDOMNO TO DEATH BOT N	OT REALD TO THE PERMITTED	SEASE CONDITION OF THE	PERFORMED? YES NO
Do. ACCIDENT WAS UNDERLYING ☐ 2Db. I OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	PESCRIBE HOW INJURY OCCURE	D. (Enter natura of injury in Part I o	r Part II of itam 18.)	
		ACE OF INJURY (Homa, farm, 20-	f. (City or town)	(County) (State)
p.m. 19	work at work		1	
21. I certify that (I) (this hospital) att		2000 200	a to sept	, 196/., that (I) (we) las
saw the deceased alive on	2.719.4, and tha	t death occured at J. 14.M.	from the causes an	d on the date stated above
Hohertak	tare,	ATTENDING MED.	OR PHYS.	9/1/6 SIGNE
22c. PHYSICIÁN'S NAME (Typa) ROBERT	9. Hare M.	D 22d. ADDRESS 7600 (Carroll A.	ie T.PK, Md.
238 AURIAL, CREMATION, 236. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY 23d	LOCATION (City, toward	br county) (State)
24 EUNERAL DIRECTOR'S SIGNATURE	ADDRESS	1) 1 + 250. REC'D BY	REGISTRAR 256. REGIS	TRAR'S SIGNATURE
Muchae Nallers	254 Jarres	NU PATESEP 5	'61 OJL	ur S. Kraus

Sec. 8 Mark June 20 De la constant Branch A CONTRACTOR OF THE PROPERTY AND A STATE OF THE PARTY AND A STATE OF TH William Mariania Hame Keckler EARL PERSON This was the shift of the said THE THE PROPERTY OF THE THE THE THE THE THE THE STATE OF THE STATE OF MINISTER OF THE STATE OF THE ST

FOR STATE HEALTH DEPT.

TO DEPUAT MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any say is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the fundal director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Hollit, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours the feath.

VS. AISME 5M 9/60

MADVIAND STATE DEDARTMENT OF HEALTH

	MARIEMIN STATE DEPARTMENT OF HEALTH	
Division of STATIS	ICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAR	YLAND
40100	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	- 45

131449					198
1. PLACE OF DEATH		2. USUAL RESIDENC	E (Whare decaese	d livad, If institution:	Residence bafore admission)
Prince George's	MARYLAND	a. STATE	ni mi -	b. COUNTY	V
b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 16		ginia outside corporate	limits, write RURAL end	d niva naarast town)
write RURAL and give nearest town)					> 11/- 1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp	D.O.A.	d. STREET ADDRESS)nd		72X_5
					a. IS RESIDENCE ON A FARM?
Frince George's Gene	eral Hospita	6509 Hul		et Road	YES NO
3. NAME OF First DECEASED	Middle	Last	4. DATE OF	Month	Day Year
(Type or print) Walter Ed	lward A	rmes	DEATH	Septembe	n 7 19 67
5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED B.	DATE OF BIRTH		E (In years IF UNDER 1	YEAR IF UNDER 24 HRS.
Male White WIDOWED		Contembon			Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b KIN	ND OF BUSINESS OR INDUSTRY	September 1 11. BIRTHPLACE (State of	r foreign country)	48 ⁵	ZEN OF WHAT COUNTRY?
	Construction	Virginia			. S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN N		0	. D.A.
James John Armes		Lou Fros			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. S	OCIAL SECURITY NO. 17. II	NFORMANT		Afton ST.	
(Yas, no, or unkown) (Ifyasgiva warordatasofservica)	KHOWN D.	. 5. 7 A		7.7	
18. CAUSE OF DEATH [Enter only one cause per lin		abline Arme	s, Uxor	Run Hill	
PART I. DEATH WAS CAUSED BY:	ia toi (a), (b), and (c).]				ONSET AND DEATH
IMMEDIATE CAUSE (a)	Acute conge	estive hear	t failu	ire	
DUE TO					
Conditions, if eny, which (b)	Coronary he	ant disess			
gave rise to immediate cause	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	out a arboar			
(a), stating the underlying cause last.					
	RIBUTING TO DEATH BUT NO	RELATED TO THE TERMINA	AL DISEASE COND	ITION GIVEN IN PART	1(a): 19 WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONT 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING UCAUSE OF DEATH					PERFORMED?
S CO. FYEDNAL CALLED WAS LOOK DESCRIP	T HOME BUILDING COLUMN				YES NO
20a. EXTERNAL CAUSE WAS 20b. DESCRIB	BE HOW INJURY OCCURED. (E-	iter neture of Injury in Part i	or Part II of itam	1B.)	
		171			
		E OF INJURY (Home, farm, ry, street, office bldg., atc.)	2Df. (City or to	wn) (Cour	nty) (Steta)
Hour a.m. While at work	1401 1111110	ry, silver, citica brog., arc.,			
21. I certify that I took charge of the rema	ins described above, hel	d an Autopsy . I	nspection,	Inquiry ,	and in my opinion
death resulted from: Natural causes 7,	Accident , Suicid)
dealit resulted from: Matural causes	Accident, Suicid			mined manner	
1	1 10	CHIEF MEDICAL EX	AMINER		
SIGNATURE James	· Done	M.D. ASSISTANT MEDIC	AL EXAMINER		DATE SIGNED
EXAMINER'S		DEPUTY MEDICAL	EXAMINER -	Sent	7, 1961
NAME (Type) James I. Bo	vd	Address (Street, cit		/)	
PEMOVAL (Speciful	ZZC. NAME OF CEMETERS OR	A		City, town, or country)	
Burial 9-10-19617	lusskia Church	GEMETERY	LUNE	MBURG-G	O, VIRGINIA
23. FUNERAL DIRECTOR	OADDRESS A O O			24b. REGISTRAR'S SI	GNATURE
W.W. Chambers (00.	Kiverdalo, 1	nd DATE SI	EP 11 '61	Cithun &	4
	-()	IDAIL	1	- June	Trans

Filmos George's

D.C.A.

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Marie Property Const. Contract Contract

TO HOSPITA OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the State Baard of Health priar to burial, cremation, or remaval, and in any event, within 72 hours after death.

VR A1S (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

	10200	CERTIFICATE	OF DEATH		1019	1
1. [ALCOUNTY Prince George's	MARYLAND 2.	o. STATE Maryla	re deceased lived. If institution b. COUNTY	Prince	fore admission) George's
)	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Hyattsville Md	LENGTH OF STAY IN 16	A **	rille, Md.	JRAL and give n	nearest town)
	d. NAME OF HOSPITAL (If not in hospitol, give street odds OR INSTITUTION 8808 Powhatan Road	ress)	d. STREET ADDRESS 3808 Powh	atan Road		e. IS RESIDENCE ON A FARM? YES NO
	NAME OF First DECEASED Type or print) John	Middle W	Aul t	4. DATE Mont	mber 1	Oay Year .9, 19 6]
S. S	male 6. COLOR OR RACE WIDOWED [. 0	ct 27, 1904	District Control of the Control	Manths Days	AR IF UNDER 24 HRS. Haurs Min.
10a	. USUAL OCCUPATION (Give kind of work dane during mast af working life, even if retired) Painter Se.		Washingt			A COUNTRY?
13.	FATHER'S NAME Ray C Ault	1	Mary E			
	and the second s	O9 3131 Nel	rmant lie Mae Aul	t Hyattsvi.	lle Md.	
	1B. CAUSE OF DEATH [Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	or (o), (b), and (c).]	of Leu	1	10/1	ITERVAL BETWEEN NSET AND DEATH
	163 X DUE TO		0	8		
	gove rise Ia immediate cause (o), stating the <u>under-</u> lying couse last.			36,437.3		
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIV	EN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
CERTIFI	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIE OR CONTRIBUTING 2 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	BE HOW INJURY OCCURRED. (I	Enter nature of injury in P	ort I ar Part II of item 18.)		
MEDICAL	20c. TIME OF INJURY Manth, Day, Year Haur a. m. 19 While ot wark	Nat while factory	E OF INJURY (Home, farm, y, street, office bldg., etc.)	20f. (City or town)	(Count	y) (State)
	21. I certify that (I) (this haspital) attended the deceased fram. 17 \ 1258 ta 9 \ 1963 that (I) (we) last saw the deceased give an 9 \ 1964, and that death occurred at \ M, from the causes and an the date stated above.					
	22a. SIGNATURE	M.D	ATTENDING A ME	D. STAFF PHYS.	Sept 1	22b. DATE SIGNED
	22c. PHYSICIAN'S NAME (Type) A Deitz		22d. ADDRESS Heraffs W	Ile. Md.	n dan dan dan dan dan dan dan dan dah-20 CD C	
230	BURIAL, CREMATION, 23b. DATE THEREOF 9/22/61	3c. NAME OF CEMETERY OR G	gton	23d. LOCATION (City, town, of Hyattsville,		(State)
24.	FUNERAL DIRECTOR'S SIGNATURE F. Gasch's Sons Hyatts	ville, Md.	2Sa. REC'D		strar's signat	

10493 AM AND THE SECURITY 2 SHH 2 240 A CALL OF THE PARTY OF THE PART SAME TO THE STATE OF THE STATE SHOW FILLWAY IN THE THE RESERVE .

FOR STATE **HEALTH DEPT**

for your files. Board of Health, ay is necessary, eral director. Page TO DEPULY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funefal direct should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for y I O FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. AISME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	10501 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 10495
	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission)
	. COUNTY Prince George MARYLAND a. STATE Mary Land b. COUNTY P. Q.
ı	b. CITY OR TOWN (if outside corporate limits) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	write RURAL and give general rightning of
H	Chapel Hell 4/2 years Schopel Hell
H	d. NAME OF HOSPITAL OR INSTITUTION (if not in pospital, give street eddress) d. STREET ADDRESS ON A FARM?
	Ves No Pr
	3. NAME OF DECEASED And All A DATE Month Day Year
ì	(Type or print) Robert yover Baclen DEATH Sept 221961
	5. SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	1 X (last birthday) Months Days Hours Min.
	Mill WIDOWED WIDOWED May 27, 1007 1/yrs.
	10e. USUAL OCCUPATION (Give kind of work done guing most is working life ever if refired) 10e. KIND OF BUSINESS ORYNDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
i	maryland U. S. Co
1	13. FATHER'S NAME
	James Early Society Cardine Carly
4	15. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO. 1 17. INFORMANT
	(Yes, No, or unkown) (Hyosgive war or da fos of service) y Wood 0-62/15 Carner Cools Paclen. Ret
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]
	PART I DEATH WAS CAUSED BY. O A A ONSET AND DEATH
y	IMMEDIATE CAUSE (6) Cicute Congastive heart facilities
	447 X DUE TO
	Conditions, if any, which \ (b) Clerdioros culler regional clusions
	geve rise to immediate ceuse
	(e), stelling the underlying
١	
	PERFORMED?
	YES NO VE
	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of Item 18.)
	ZOc. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or fown) (County) (State)
	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) While Not While st work et work et work
	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry and in my opinion
ē	death resulted from: Natural causes Accident . Suicide . Homicide . Undetermined manner .
	CHIEF MEDICAL EXAMINER
	SIGNATURE ASSISTANT MEDICAL EXAMINER DATE SIGNED
ř.	EXAMINER'S /1: TER DEPUTY MEDICAL EXAMINER 1 9/22/6
-	NAME (Type) JAMES L, DOV Address (Street, city, town, or county)
	228. BURIAL, CREMATION, 22b. DATE THEREOF 22c. DAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stote)
-	BUNIAL SPECIFY 9-76-61 ST PAULS BANEN Manufand
i	23. FUNERAL DIRECTOR ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE
	al. 21. Chambers Co. 517-11; St. S. E. DATE EP 26'61 arthur 8. Kinus

THE RESERVE OF THE PARTY OF THE

FOR STATE TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any is necessary, please execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the throwal director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 7 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

> VS. A15ME SM 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

MARILANDSIAILD	E. WEIMEIM AL HEWEIM
Division of STATISTICAL RESEARCH AND RECORDS,	301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
10502 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH

M PLACE OF DEATH Item 2 Film G297 10	2. USUAL RESIDENCE (Where deceased lived, If institution Residence before admission)
o. COUNTY	state Washington & COUNTY
Prince George's MARYLAND	Mary Land D.C. Prince George
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Hyattsville	Avondale//Hyattsville Washington
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give straat address)	T 0. 13 KESIDENCE
	1730 Lanier Place ON A FARM?
Carroll Manor, 4922 LaSalle Road.	4922/LaSalle Road YES NO K
3. NAME OF First Middle DECEASED	Last A. DATE Month Day Year
(Type or print) Vincent William	Bailey Death September 24, 1961
	DATE OF BIRTH 9. AGE IN years IF UNDER 1 YEAR IF UNDER 24 HRS.
	last birthday) Months Deys Hours Min.
Male White WIDOWED KK DIVORCED	September 16/71 90°
10a. USUAL OCCUPATION (Give kind of work dona during most of working life, even if refired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Tailor Clothing	New York U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Vincent Bailey 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	Unknown
(Yes, no, or unkown) (If yas giva war or dates of service)	4000 Mass. Ave N.W.
No V	incent L. Bailey, Washington D.C.
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (e) Pneumonia	
70 ST) DUE TO	
Conditions, if eny, which \ (b) Fracture of	the right Hip
gave risa to immediate cause (a), stating the underlying DUE TO	
cause last.	
	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY
	PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 20a. EXTERNAL CAUSE WAS PRIMARRAL OF CONTRIBUTING CAUSE OF PEATH.	YES NO
208. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURED. (E	Enter neture of injury in Part I or Pert II of item 18.)
CAUSE OF DEATH.	er while going to the bath room
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	br while going to the bath room (CE OF INJURY (Home, farm, ; 20f. (City or town) (County) (State)
Hour a.m. While Not Whila fact	ory, street, office bldg., etc.)
	nursing Home Ayondale P.G. Md
21. I certify that I took charge of the remains described above, he	eld an Autopsy , Inspection , Inquiry , and in my opinion
death resulted from: Natural causes . Accident	ide . Homicide , Undetermined manner
1	CHIEF MEDICAL EXAMINER
ACTUAL A R D	ASSISTANT MEDICAL EXAMINER DATE SIGNED
SIGNATURE James J. Boyl	M.D.
EXAMINER'S	DEPUTY MEDICAL EXAMINER E Sept. 25. 1961
NAME (Type) / JAMES I. BOYD, M.D.	
228. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	R CREMATORY 22d. LOCATION (City, town, or country) (Stete)
Burial 9/27/61 Mt. Olivet	Washington D. C.
23. FUNERAL DIRECTOR ADDRESS	24e. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
19. TOTELAND DIRECTOR	SED O C to
F. Gasch's Sons Hyattsville, Maryla	and DATE SET 29 67 Orthur & Strange

Philip planted sonte

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Vinnear Sellow

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Pacumonts

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5. Com sylineya anol mrayum Ta x 2 10 130 am 100; a

ATTENDED TO THE STATE OF THE ST Elicar leverios es de college

Tw. Cased's Sone Byzmsville, Naryland

2001, 20 . 1000

D.C. Morgue

ADDRESS

FUNERAL ector, OH death. P. di TO VR A15 (4) 15M 9/60

2050235XV0

24 FUNERAL DIRECTOR'S SIGNATURE

REMOVAL (Specify)

Cremation

25b. REGISTRAR'S SIGNATURE Ciriling & Kraus

shington,

25a. REC'D BY REGISTRAR

DATE

(County)

IS RESIDENCE

Year

19

Hours

12. CITIZEN OF WHAT COUNTRY?

IF UNDER 24 HRS.

STATES

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED?

(State)

22b. DATE

(State)

SIGNED

X NO

19 that (I) (we) last

6 September 61

Day

Dave

IF UNDER 1 YEAR

Months

ON A FARM? YES NO X

1134:37 THE RESIDENCE OF THE PARTY OF T

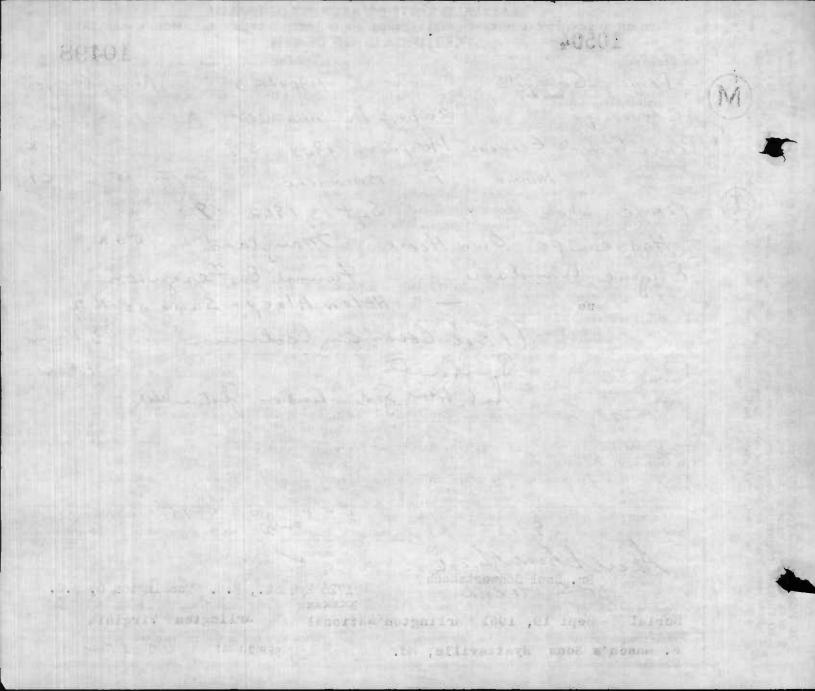
led in by the funeral Pages 1 and 2 should thin 24 hours after TO HOSE A DESCRIPTION PHYSICIAN: The law requires that the death certificate be executed within 2 death. Pa. 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely red in a director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, whein 72 hours after

15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

IVI.	MRILAND SIMIE DE	WKIMEILI OL	HEALENIE	
DIVISION OF STATISTICAL R	ESEARCH AND RECORDS,	301 W. PRESTON	STREET, BALTIMORE 1	, MARYLAND
DIVISION OF STATISTICAL R	CERTIFICATE	OF DEATH		
20001		0. 0		10100

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceesed lived, If institution; Residence before admission)
o. COUNTY Prince George'S MARYLAND	a. STATE b. COUNTY
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16	c, CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town)
write RURAL and give neerest town)	c. CIT OK TOWN (If outside corporate limits, write ROKAL end give needes) town
Cheverly 20 DAYS	1 LANDOVER
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
17 15 6 16 60 HOCATO	ON A FARM?
Prince George's GENERAL HOSPITAL	
3. NAME OF First Middle	Last 4. DATE Month Dey Yeer
(Type or print) Minnie E.	BARNACLO DEATH SEPT. 15 1961
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED E	9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.
T. MARKIED NEVER MARKIED	lest birthdey) Months Deys Hours Min.
FRMALE WHITE WIDOWED DIVORCED	Dept 13, 1902 50 yrs.
106. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	RY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Maryland USA
HOUSEWIFE OWN HOME	14. MOTHER'S MAIDENNAME
C / / /	14. MOTHER 3 MAIDEING JAME
Cuarne Windsor	tanne E. terauson
	INFORMANT Addges
(Yes, no, or unknown) (If yes give wer or dates of service)	elen Alvey- Same as #2
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) 1 Cycle Coros	- au Cerkersen 6 hour.
59010 DUE TO P	110.
Conditions, if eny, which (b)	Taas
geve rise to immediate ceuse (a), steting the underlying DUE TO	
ceuse lest.	New leaston Justin Well
	OT RELATED TO THE TERMINAL DISENSE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY
2	PERFORMED?
3	YES NO
	D. (Enter neture of injury in Pert I or Pert II of item 1B.)
G OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	00 00 00 00 00 00 00 00 00 00 00 00 00
	ACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) tory, street, office bldg., etc.)
p.m. 19 et work et work	
	2 - / 1000 10 8 - / [10// 1/24 (1) (11) 1/24
21. I certify that (I) (this hospital) attended the deceased from.	
saw the deceased alive on	t death occured at
22e. SIGNATURE	22b. DATE
An ophisathol	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.
	22d. ADDRESS
NAME (Type) Dr. Saul Sonwar Czbach	
Dr. SUSANTE BACK	1726 Eye St., N.W. Washington 6, D.C.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	
Burlar Sept 19, 1961 Arlington	National Arlington Virginia
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
F. Gasch's Sons Hyattsville, Md.	DATE SEP 2 1 '61 Contlant & Thomas
deson a sono njacostate, rat,	DATE



Pages 1 and 2 should hin 24 hours after TO HO...

Seath. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely resed in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pagers. Pages 1 and 2 be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

7	70009	10499
A	N. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission)
	Prince Georges MARYLAND	O. STATE LACY LAND B. COUNTY
1	b. CITY OR TOWN (if outside corporeté limits, c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
9	write RURAL and give nearest town)	110
7	Cheverly	61 Green BELT
	d, NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
	Prince Georges General	17 A Ridge Cd. YES NO
1	3. NAME OF First Middle	Last 4. DATE Month Dey Year
7	DECEASED (Type or print) MANY	RAPILIC DEATH SEPT. 16. 1961
	5. SEX . 6. COLOR OR RACE 7 MARRIED TO MEYER MARRIED 8	DATE OF BIRTH 9. AGE (In years I F UNDER 1 YEAR) IF UNDER 24 HRS.
	MARKIED MEVER MARKIED	ilast bighday) Months Deys Hours Min.
	PRMALE VUNTE WIDOWED DIVORCED	April 7 1680 76 yes.
	10e. USUAL OCCUPATION (Give kind of work done during most of working light even if retired)	Y 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Housewite At Home	Canada. USA
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	JOHN BRANNON	Mary Ornsby.
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1	NFORMANT Address
	(Yes, ne, of unkown) (Ifyesgive werordetes of service)	-hansed Barres some AS#2.
	18. CAUSE OF DEATH [Enter only one cause per-line for (a), (b), and (c).]	INTERVAL BETWEEN
	PART I, DEATH WAS CAUSED BY:	ONSET AND PEATH
	IMMEDIATE CAUSE (e)	nea of show
	570,2 DUE TO ()	01.1.01.1.1.7
	Conditions, if eny, which (b)	re sullet met
	geve rise to immediate cause (e), stating the underlying DUE TO	1 1 1 201
	ceuse lest. (c)	resent. art Unoub , 38 hor
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO PEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
	AT A	PERFORMED? YES NO T
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO PEATH BUT NO 200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER)	. (Enter neture of injury in Pert I or Pert II of item 18.)
	OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
		CE OF INJURY (Home, farm, ' 20f, (City or town) (County) (Stete)
		ory, street, office bldg., etc.)
	p.m. 19 et work et work	
	21. I certify that (I) (this hospital) attended the deceased from.	Sept 15, 1961, to Sept 16, 1961, that (1) (we) last
P	saw the deceased alive on Sept 16 19 6/, and that	death occured at 100 M, from the causes and on the date stated above.
	220./SIGNATURE	22b. DATE
	Willaum (- h/lenitraul m	D PHYS. DIRECTOR PHYS. G
-	22c. PHYSICIAN'S	22d. ADDRESS? / / / / /
	NAME (Type) William C. Weinthoub	- GE Burkway, byeen beb, and
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (Sfete)
	Buria 9/19/6/ Mt. Olivet	Cemetery Wash, D. C.
H	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
,	111	
	W. W. Chambers Co. 2801-Cler	Cland Horsep 1 9 '61 arilling & Kinns

CENTE -SERVICE HER THE SERVICE WHEN SERVICES The name of the second The Late of the Color of the Nove of the Color W. W. Olivania bers Star Charles Alverta Alverta W. W.

TO HOS.

TO HOS.

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Pare 4 may be retained by the hospital or attending physician and completed rised in by the funeral S TO TONE After this certificate has been signed by the attending physician and completed rised in by the funeral G director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, gremation, or removal, and in any event, within 72-hours, after death. hin 24 hours after OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed TO HOSE

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W., PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

10506	CERTIFICATE	OF DEATH	10500
1. PLACE OF DEATH • COUNTY Prince George	MARYLAND	2. USUAL RESIDENCE (Where decessed lived, If it a. STATE b. COUNT Marvland Prince Ge	Y
b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write	RURAL end give neerest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in Prince George General H	hospitel, give street eddress) ospital	5707 Longfellow Street	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) James	BERNARD	Belt A. DATE Month	Day Yeer 30 19 61
Male White WIDO	RRIED NEVER MARRIED 8	. DATE OF BIRTH 9. AGE (In years	FUNDER 1 YEAR IF UNDER 24 HRS. Months Deys Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired) ARTIFICIAL LAWB, ANAKER 13. FATHER'S NAME	Lifucial Limb My	Gr. WASHINGTON. D. C	12. CITIZEN OF WHAT COUNTRY?
Thomas Belt	16. SOCIAL SECURITY NO. 17.	Sallie Thomps	on
(Yes, no, or unkown) (If yes give war or dates of service)	unknown mr	Bernading M. Pamer	Of your # 5
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	From the for (e), (b), and (c).] $\frac{1}{2} RC(NOM(7.7)$	-05/5	INTERVAL BETWEEN ONSET AND DEATH Z-3 MONTH
Conditions, if eny, which \ Conditions	RONCHOCOL	ENIC CARCINOIYA	UNKNOWA
geve rise to immediate ceuse (a), stating the <u>underlying</u> cause lest. (c)			
CATIO	CONTRIBUTING TO DEATH BUT NO	IT RELATED TO THE TERMINAL DISEASE CONDITION GIVE	N IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES X NO
	DESCRIBE HOW INJURY OCCURED	, (Enter natura of injury in Pert I or Part II of item 18.)	
Hour a.m.		CE OF INJURY (Home, farm, 20f. (City or town) ory, straet, offica bldg., etc.)	(County) (State)
21. I certify that (I) (this hospital) att saw the deceased alive on		death occured at 300 Mem the causes a	nd on the date stated above.
22a. SIGNATURE	- Oluhe "	ATTENDING MED. STAFF PHYS. DRECTOR PHYS.	22b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type) Dr. Vames Duke		22d. ADDRESS 6607 Riverdale Riverdale md	Road,
23a. BURIAL, CREMATION, 23b. DATE THEREOF BURIAL (Specify) Oct 4,196	Fort Lincol	n Em Bladensler	or county any land
W. W. Chambers 60.	Riverdal Q	m d	ISTRAR'S SIGNATURE

r 1) . Billion of the back make . death of the control of the contro 4-2170 The Control of THE BURNESS OF THE PROPERTY OF THE PARTY OF the state of the s A Committee Comm A TON SERVICE STATE OF THE PARTY OF THE PART The state of the s

of fined in by the funeral rs. Pages 1 and 2 should hours after death. TO HOSPI, As OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed death. Page 4 may be retained by the hospital or attending physician.

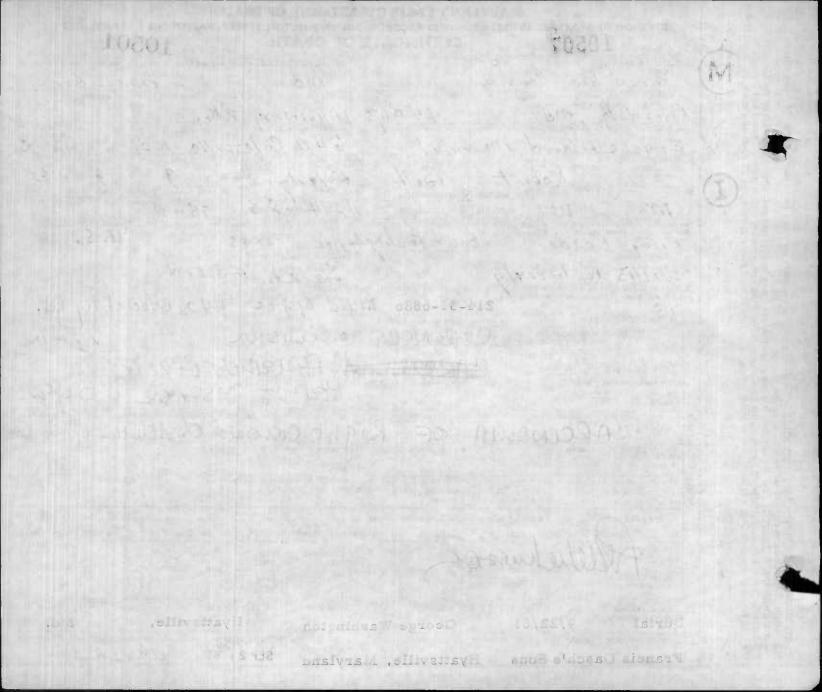
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hou

VR A15 (4) 15M 9/60

hin 24 hours after

MARYLAND STATE DEPARTMENT OF HEALTH 10507 CERTIFICATE OF DEATH 10501 10501

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where daceasad lived, If institution: Rasidanca bafore edmission
o. County Geo Counter MARYLAND	6. STATE 6. COUNTY Prince 6.00
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporata limits, write RURAL and give nearest town)
P write RURAL endy give nearest lows)	Thereich OK 64
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS O. IS RESIDENCE
- 1 h l m . 1	ON A FARM
Eugene Leland Memorial	6411 Colesville Rd. YES NO
3. NAME OF DECEASED First Middle	Lest 4. DATE Month Day Year OF
(Type or print) Robert 13ell	12/erly DEATH 9 19 19 61
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B	DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS
m. W WIDOWED DIVORCED	4-14-83 Per Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if rational)	Y 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTR
done during most of working life, even if relired) Gou't Printing	dixing Toxos 41.5.
13. FATHER'S NAME	M. MOTHER'S MAIDEN NAME
111:11x R Binn)	South Bosard
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	- July Colo
(Yas, no, or unkown) (Ifyes giva wer or datas of service)	
	ecord of Jice 4408 Weensbury Rd.
PART I, DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (a)	OCCHUSION 15 MIN
420.0 DUE TO 0000000	. 0000000000000000000000000000000000000
Conditions, if any, which (b)	HREENOSCIEBOTK!
geve rise to immediate cause DUE TO	H- 12- 7256 5412
(a), stating the underlying cause lest.	HEART DISEASE SYED
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	19ht COLON & OSTPULLUL YES IN NO IL
200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED	(Enter nature of injury in Part I or Pert II of item 18.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
, ,	CE OF INJURY (Home, farm, 20f. (City or town) (County) (Stata)
Hour a.m. p.m. While Not While et work et work	ory, streat, office bldg., etc.)
The state of the s	, 19, 19, that (I) (we) la
	death occured atM, from the causes and on the date stated above
22a. SIGNATURES III LUBOL	ATTENDING MED. STAFF SIGNI
	D. PHYS. DIRECTOR PHYS. 22d. ADDRESS
22c. PHYSICIAN'S NAME (Type)	ALG. ADALGG
23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (Steta)
Burial 9/22/61 George Wa	shington Hyattsville, Md.
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
	Taryland PATE SEP 21 '61 Calling S. Maus
Tancis dascii s soiis nyattsville, N	larviand



TO HOS, ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be letter by the haspital or attending physician.

TO FUNERAL CIRECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, crematian, ar remaval, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10508 CERTIFICATE OF DEATH

13. FATHER'S NAME	1	70000	CERTIFICA	AIL OF DEATH		Reg. Dist. No.
RURAL cod gifte necestal town) d. NAME OF HOSPITAL (If not in beggio), give street oddress) J. AME OF HOSPITAL (If not in beggio), give street oddress) J. NAME OF HOSPITAL (If not in beggio), give street oddress oddre	1		MARYLAND	2. USUAL RESIDENCE (Who	re deceased lived. If institu b. COUNT	tion: Readence before Offinission)
3. NAME OF OCCUPATION (Give kind of work done) 10b. KIND OF RUSINESS OR INDUSTRY IT. BIESTRACK (Sione of foreign country) 10c. CITIZEN OF WHAT COUNTRY MARRIED 10b. WINDOWS STAND OF RUSINESS OR INDUSTRY IT. BIESTRACK (Sione of foreign country) 10c. CITIZEN OF WHAT COUNTRY IT. BIESTRACK (Sione of foreign country) 10c. CITIZEN OF WHAT COUNTRY IT. BIESTRACK (Sione of foreign country) 10c. CITIZEN OF WHAT COUNTRY IT. BIESTRACK (Sione of foreign country) 10c. CITIZEN OF WHAT COUNTRY IT. BIESTRACK (Sione of foreign country) 10c. CITIZEN OF WHAT COUNTRY IT. BIESTRACK (Sione of foreign country) 10c. CITIZEN OF WHAT COUNTRY IT. BIESTRACK (Sione of foreign country) 10c. CITIZEN OF WHAT COUNTRY IT. BIESTRACK (Sione of foreign country) 10c. CITIZEN OF WHAT COUNTRY IT. BIESTRACK (Sione of foreign country) 10c. CITIZEN OF WHAT COUNTRY IT. BIESTRACK (Sione of foreign country) 10c. CITIZEN OF WHAT COUNTRY IT. BIESTRACK (Sione of foreign country) 10c. CITIZEN OF WHAT COUNTRY IT. BIESTRACK (Sione of foreign country) 10c. CITIZEN OF WHAT COUNTRY IT. BIESTRACK (Sione of foreign country) 10c. CITIZEN OF WHAT COUNTRY IT. BIESTRACK (Sione of foreign country) 10c. CITIZEN OF WHAT COUNTRY IT. BIESTRACK (Sione of foreign country) 10c. CITIZEN OF WHAT COUNTRY IT. BIESTRACK (Sione of foreign country) 10c. CITIZEN OF WHAT COUNTRY IT. BIESTRACK (Sione of foreign country) 10c. CITIZEN OF WHAT COUNTRY IT. BIESTRACK (Sione of foreign country) 10c. CITIZEN OF WHAT COUNTRY IT. BIESTRACK (Sione of foreign country) 10c. CITIZEN OF WHAT COUNTRY IT. BIESTRACK (Sione of foreign country) 10c. CITIZEN OF WHAT COUNTRY IT. BIESTRACK (Sione of foreign country) 10c. CITIZEN OF WHAT COUNTRY IT. BIESTRACK (Sione of foreign country) 10c. CITIZEN OF WHAT COUNTRY IT. BIESTRACK (Sione of foreign country) 10c. CITIZEN OF WHAT COUNTRY IT. BIESTRACK (Sione of foreign country) 10c. CITIZEN OF WHAT COUNTRY IT. BIESTRACK (Sione of foreign country) 10c. CITIZEN OF WHAT COUNTRY IT. BIESTRACK (Sione of foreign country) 10c. CITIZEN OF WHAT COUNTRY IT. BIESTRACK (Sione of			NGTH OF STAY IN 16	c. CITY OR TOWN (IF ou	tside corporate limits, write	RURAL and give nearest town)
3. MANK OF DECLASION (Type or print) 5. SEX 6. COLOG OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH WIDOWED & DIVORCED 7. MARRIED 19. ACE fin year 18 UNDER YEARS 19. CO. MINING 17. MARRIED 19. ACE STORY 19. CO. MINING 19. ACE STORY 19. ACE STORY 19. CO. MINING 19. ACE STORY 19. ACE ST	3	OR INSTITUTION	ad tal	d STREET ADDRESS	Trailer	ON A FARM?
100 USUAL OCCUPATION (Give kind of work done) 105. KIND OF BUSINESS OR INDUSTRY 11. BIETHPLACE (Slote or foreign country) 12. CITIZEN OF WHAT COUNTRY during method working life, were if regigned 12. MOTHER'S MANDEN NAME 12. CITIZEN OF WHAT COUNTRY 13. FATHER'S RAME 14. MOTHER'S MANDEN NAME 14. MOTHER'S MANDEN NAME 15. WAS DECEASED SPER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. AFFORMANT 18. CAUSE OF DEATH (Enter only one course per line for (e), (b), and (c). 19. AFFORMANT 18. CAUSE OF DEATH (Enter only one course per line for (e), (b), and (c). 19. AFFORMANT	3.	NAME OF DECEASED DEGLESION D	Middle Br	lost	OF V	onth Day Year
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. JAFORMANT 17. JAFORMANT 18. Address 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c). 19. JAFORMANT 18. CAUSE OF DEATH (B) 19. WAS AUTOPSY		F W WIDOWED	DIVORCED	Mar. 3018	87 Post Birthday)	Months Days Hours Min
15. WAS DECENSED EYER IN U. S. ARMED FORCEST 16. SOCIAL SECURITY NO. 17. HORMANT 18. CAUSE OF DEATH [Enter only one couse per line for [o], (b], ond (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) DUE TO Condition the under: Jying couse lost. Co. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19. WAS AUTOPSY PERFORMEDY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19. WAS AUTOPSY PERFORMEDY TO OR CONTRIBUTING COUSE OF DEATH OR CONTRIBUTION COUSE OF DEAT	100	during most/of working life, even if retired)	OF BUSINESS OR INDUS	1	r foreign country)	12. CITIZEN OF WHAT COUNTRY
If ye, grow out or dote of service 431-05 9639	L	FATHER'S MAME	Baldrid	14. MOTHER SMAIDEN NA	L Real	ine Winsell
PART I. DEATH WAS CAUSED BY. MMEDIATE CAUSE (a) Carcinoma of Signata		s, no. or belinawn) (If yes, give war or dates of service) 431-	-05 9639	Mus Ether	l'Haley	Laurel My
Conditions, if ony, which gove rise to immediate couse (a), stating the under lying couse lost. Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES				Sigmeid		INTERVAL BETWEEN ONSET AND DEATH
Course Col. Indicated Col.		Conditions, if ony, which) (b)				
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While of work of the p.m. 19 While of work o		couse (o), stoting the under-				
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While of work of the p.m. 19 While of work o	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	al disease condition G	PERFORMED?
21. 1 certify that I attended the deceased from		OR CONTRIBUTING CAUSE OF DEATH	IOW INJURY OCCURRED). (Enter noture of injury in Po	ert 1 or Part II of item 18.)	
alive an	MEDICA			ACE OF INJURY (Home, form, tory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, PHOVAL (Specify) ADDRESS (Street, city or lown, stote) DATE SIGNE M.D. 220. BURIAL, CREMATION, PEMOVAL (Specify) ADDRESS (Street, city or lown, stote) DATE SIGNE ADDRESS (Street, city or lown, stote) ADDRESS (Street, city or lown, stote) DATE SIGNE ADDRESS (Street, city or lown, stote) ADDRESS (Street, city or lown, stote) DATE SIGNE ADDRESS (Street, city or lown, stote)			7			
NAME (Type) 220. BURIAL, CREMATION, 22b, DATE THEREOF 22c. MAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Iown, or county) (Stote)		ACTUAL D. ACTUAL	Cung			
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS 240. RECI'D BY REGISTRAR'S SIGNATURE 240. RECI'D BY REGISTRAR'S SIGNATURE	L					
Mall Hill and I have	220	REMOVAL (Specify) D + 2 . G	/	Cemeters 2	Paragaul	or county) (Stote)
	23.	FUNERAL DIRECTOR'S SIGNATURE Lew the Canaldran	Lamel	7	4 161	

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State			
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/	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 10503							
)	1. PLACE OF DEATH O. COUNTY Prince George's MARYLAND 1. PLACE OF DEATH O. STATE aryland D. COUNTY Prince George's MARYLAND D. STATE aryland D. COUNTY Prince George's	eorge						
-	b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Cheverly C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Oxan Run	wn)						
7	OR INSTITUTION Prince George's General Hosp. 2613 Southern Ave., S,E.	A FARM?						
1	3. NAME OF DECEASED (Type or print) JOSEPH JULES Broches 4. DATE Month Day Sept 14	Year 1961						
)	S. SEX Male 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH WIDOWED DIVORCED DIVORCED JUNE 30, 1894 9. AGE (In years lost bigthday) Months Days Hour	Min.						
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT Washneyton, U.C. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	4						
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes. no. or unknown) (If yes. give wor or dates of service) 579-18-5921 MRS. ROTH GORMLEY 5249 4311 AL	1. N. U						
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Canditions, if ony, which gave rise ta immediate couse (o), stoting the under: lying couse lost. (c)							
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WA PER YES 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTION CAUSE OF DEATH OR CONTRIBUTI	ORMED?						
	20c. TIME OF INJURY Month, Doy, Year Note of While of work 19 20d. INJURY OCCURRED Nat while of work 19 20d. INJURY OCCURRED Nat while of work 19 20d. PLACE OF INJURY (Hame, farm, factory, street, office bldg., etc.)	(Stote)						
	21. I certify that (I) (this hospital) attended the deceosed from Aug. 23 19 of to Sept. 4 19 of that (I) saw the deceosed alive on Sept. 4 19 of the deceosed from Aug. 23 19 of the saw the deceosed alive on Sept. 4 19 of the deceosed from Aug. 23 19 of the saw the deceosed alive on Sept. 4 19 of the deceosed from Aug. 25 19 of the saw the deceosed alive on Sept. 4 19 of the saw the deceosed from Aug. 25 19 of the saw the deceosed from Aug. 2	d abave.						
	Journel Jugar M.D. ATTENDING MED. STAFF PHYS.	SIGNED						
1	NAME (Type) Dr. Samuel . Sugar, M.D. 5801 Baltimore Ave., Hyattsville, M.							
	- DEMOVAL (Specify)	ote) AND						

trend out · star of the parties on the Maria and Salar a title and make the state of the same and the

TO HOSPITE. A STENDING PHYSICIAN: the law requires that the death certificate be executed within 24 having arrest death. Toge a may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in 10, the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove arbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. ofter death. Page 4 ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haur

TO HOSPITA

VR A1S (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 10510

1. PLACE OF DEATH o. COUNTY Prince Georges	MARYLAND	2. USUAL RESIDENCE (W. o. STATE Haryland	here deceased live	b. COUNTY	n: Residence before ince Geo	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) UNEVERLY	c. LENGTH OF STAY IN 16	c. city or town (if	The second secon		RAL ond give neo	
d. NAME OF HOSPITAL (If not in hospitol, give stre OR INSTITUTION Prince Georges Gener	et oddress)	d. STREET ADDRESS	entral A		-	e. IS RESIDENCE ON A FARM? YES NO A
3. NAME OF DECEASED (Type or print) Ethel	Middle (NMN)	lost Brooke	4. DATE OF DEATH	Month		y Yeor 5 19 61
S. SEX 6. COLOR OR RACE 7. MA		B. DATE OF BIRTH	9. 4	Sept AGE (In years ost birthdoy)		1F UNDER 24 HRS. Hours Min.
10o. USUAL OCCUPATION (Give kind of work done 10 during most of working life, even if retired) Housewife			or foreign country	ry)		WHAT COUNTRY?
13. FATHER'S NAME James W. Beavers		14. MOTHER'S MAIDEN I		e11		
1S. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give wor or doles of service) NON		FORMANT		Addre		Heights, Md.
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stoting the under- lying couse lost. PART II. OTHER SIGNIFICANT CONDITION PART II. OTHER SIGNIFICANT CONDITION OR CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ONGESTIVE RENAL F RERIOSCIE SCONTRIBUTING TO DEATH BUT	FAILURE ROTIL HE NOT RELATED TO THE TERM	AL ART INAL DISEASE CO	LURE CUTE CUSER ONDITION GIVE) / / / / / / / / / / / / / / / / / / /	TUB. O VAS AUTOPSY PERFORMED? YES NO
20c. TIME OF INJURY Month, Doy, Year 20d Hour o. m. 10 Whi	le Not while foo	D. (Enter noture of injury in ACE OF INJURY (Home, forn ctory, street, office bldg., etc.	m, 20f. (City or)		(County)	(Stote)
21. I certify that (1) (this hospital) atters as the deceased alive and the saw the saw the saw that t	5 19.61, and that d	ATTENDING M	AED.			at (1) (we) last stated abave. 22b. DATE SIGNED 28, D.C.
230. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 9/8/1961	23c. NAME OF CEMETERY O	R CREMATORY	23d. LOCATION		county)	(Stote)
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS 5171/= 1	250. REC	D BY REGISTRAR	2Sb. REGIST	TRAR'S SIGNATUR	

OFFICE THE SOURCE SOURCE SERVICE SERV Markey De Stranger St TO HOSPITA OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be to make by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled to the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or remaval, and in any event within 72 hours after death.

	MARYL	LAND	STATE DEPARTA	MENT OF HEALT	H-BAL	TIMORE, 1	8		
	10511		CERTIFIC	ATE OF DEAT	Н		Reg. Dist.	No.OF	
1. PLACE OF DEATH a. COUNTY Pri	nce Goerg	es	MARYLAND	2. USUAL RESIDENCE (W. o. STATE Maryla		d lived. If institution b. COUNTY	ton.	bergre admis	
b. CITY OR TOWN (If RURAL and give nec	autside corporate fimit		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	autside carpo	orate limits, write Rt	JRAL and giv	e nearest fow	n)
d. NAME OF HOSPITA OR INSTITUTION	AL (If nat in haspital, g	give street a	ddress)	d. STREET ADDRESS					SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Fire	SŤ	Middle	last	4. DATE OF DEATH	Mant		Day	Year
S. SEX	ARTHUR	7		B. DATE OF BIRTH	DEATH	Septemb 9. AGE (In years	er 2	YEAR IE HAID	19 61
			ED NEVER MARRIED	000		last birthday)		ays Hours	
Male	Col.	WIDOWE		3-27-1888		75 yrs.	0		
during most at works	ng life, even if retired)	dane 10b. I	CIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (Stote	e ar fareigh c	country)	12. CITIZI	EN OF WHA	COUNTR
Clerk				Maryland			U	. S. A	
3. FATHER'S NAME				14. MOTHER'S MAIDEN					
	rown			Viola Guy	Ţ				
5. WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16. S	OCIAL SECURITY NO. 17.	INFORMANT		Addr	ess		
no		r	none Ne	efitie Brown	Во	wie, Md.			5
Canditians, if an gave rise to im cause (a), stating the lying cause last.	he under-) Wi	th Hypertens	sion				1956	
	FR SIGNIFICANT CON		ONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERM	SINAL DISEAS	E CONDITION GIVE	EN IN PART 1	PERFO	AUTOPSY ORMED?
200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	UNDERLYING	20b. DESC	RIBE HOW INJURY OCCURR	ED. (Enter nature of injury in	Part I ar Par	rt II of item 1B.)			
20c. TIME OF INJURY Haur a.m.	Manth, Day, Yea	20d. IN While at wark	Nat while	PLACE OF INJURY (Hame, far actary, street, affice bldg., et		y ar tawn)	(Co	unty)	(State)
21. I certify the	at I attended the	decease	d fram Aug. 20) , 1956 , to Se	ept. 2	7 1961	that I la	st saw the	deceas
alive on Sep		. 1961		h accurred at 9:25	a.M. fra	m the causes a	nd an the		
ACTUAL SIGNATURE	E. Kom	00	exter	м.о. 292	ADDRESS (S	Street, city or town, :	State)		TATE SIGN
PHYSICIAN'S NAME (Type)	E. Lancas	ter		Bowie,	Maryl	and		`	/ /
22a. BURIAL, CREMATION REMOVAL (Specify)	9/30/61		ASCENSIO		BO W	TION (City, tawn, a	YLANE	(Sta	te)
23. FUNERAL DIRECTOR'S	SIGNATURE	7	1820 9TH S WASHINGTO	TasaNaWa	D BY REGIS	TRAR 24b. REGIS	TRAR'S SIGN	ATURE	

The state of the s

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY Prince George 8 a. STATE Health, Prince George sb. CITY OR TOWN (if outside corporate limits, MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) write RURAL and give nearest town) Oxon Run Hill d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) STREET ADDRESS Apt 303 retained 2607 Southern Avenue Prince George's General Hospital 4. DATE DECEASED the Robert to th (Type or print) Lawrence Brumback Jr DEATH September 2, AGP (In years | IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH 3 2 with last birthdey) pue Male June 11, 1961 WIDOWED DIVORCED 10a. USUAL OCCUPATION (Giva kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) M3. Page done during most of working life, even if retired) District of Columbia None pages 1 in pencil in Item 18. Give Pagretice along with form PM3. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Robert Lawrence Brumback Sr Joyce Ann Kite File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) (Ifyes giva wer or detes of service) permit. Robert L. Brumback Sr. same None certificate should be executed 18. CAUSE OF DEATH [Entar only one cause per line for (a), (b), and (c). r's Office along w s a burial-transit p removal, and in PART I. DEATH WAS CAUSED BY. EUMONIA BILATERAL IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which (b) "pending" gave rise to immediate cause Examiner's DUE TO (e), steting the underlying 95 nsed PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6)1 19. WAS AUTOPSY should be i ease execute the certificate, writing the word should be forwarded to the Chief Medical E FUNERAL DIRECTOR: Page 3 should be rits designated agent, prior to burial, cremat 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. MEDICAL EXAMINER: 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 20f, (City or town) factory, street, office bldg., atc.) While Not Whila et work et work 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection T, Inquiry X Natural causes Undetermined manner death resulted from: Accident Suicide Homicide | CHIEF MEDICAL EXAMINER **ACTUAL** ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S DEPU BOYD, M.D. Add JAMES NAME (Type) Address (Street, city, town, or county) 22d. LOCATION (City, town, or country) 22a. BURIAL, CREMATION. Burial (Specify) Cedar Hill 240 g Suitland. Md. OH

ADDRESS

Lee Funeral Home - Washington D.C.

. IS RESIDENCE

ON A FARM?

YES NO TO

19 67

IF UNDER 24 HRS.

Yaer

Day

USA

(County)

Sept.

Cirilian S. Kraus

24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE

SEP 7

DATE

12. CITIZEN OF WHAT COUNTRY?

as

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED?

(Stata)

YES TO NO

and in my opinion

DATE SIGNED

1961

(State)

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23. FUNERAL DIRECTOR

of the slak

elegrost states

J. Sign Bross Hole D.

Prince Boorge's General Hospital | | 2507 Southern Avenue

Robert Lawrence Brumback Jr - September B,

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June 11, 1961 Line

None District of Columnia 1984

Rose Robert L. Brudeck Sr. care of A 2

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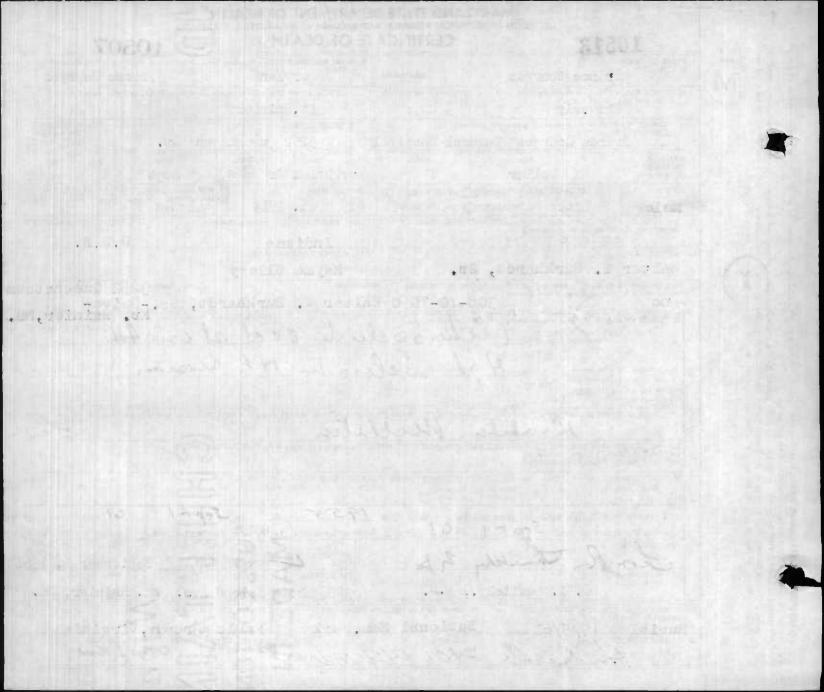
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	has been signed by the ottending physician and campletely filled in a the funeral directar,	urial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with	- (
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	ely filled	Pages 1	r death.
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	ond	pon	72 h
	physicion	emave cor	matian, or remaval, and in any even within 72 hours after death.
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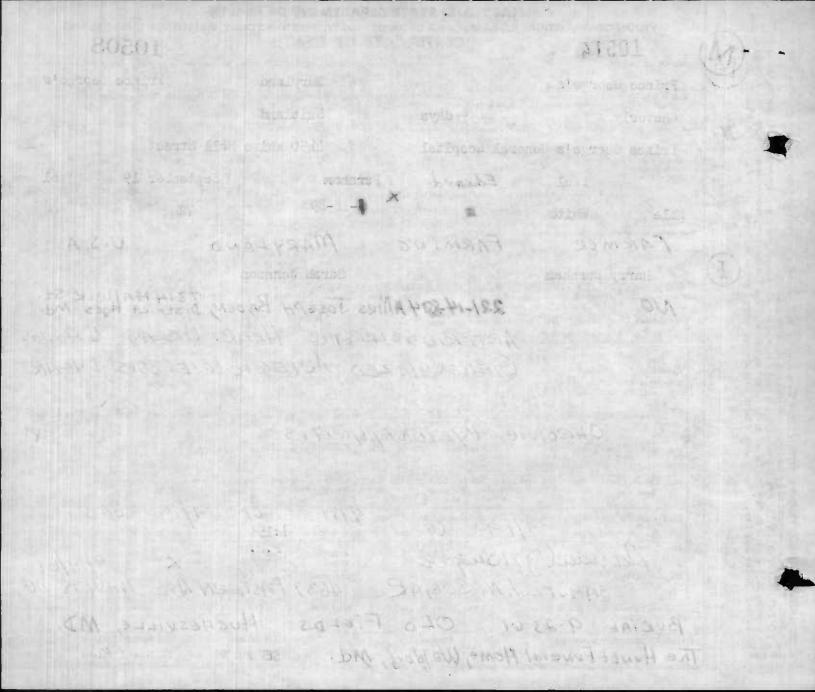
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CEPTIFICATE OF DEATH

10	513		CERTIFICA	TE OF DEATH	0507
1. PLACE OF DEATH o. COUNTY	rince Georg	es	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution of STATE Maryland b. COUNTY	
RURAL ond give	(If outside carporate lim nearest town) heverly	its, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RI	URAL and give nearest town)
OR INSTITUTION	PITAL (If not in haspital, son consideration of the		neral Hospita	d. street Address 3252 Queenstown Dr.	e. IS RESIDENCE ON A FARM? YES \(\) NO \(\)
3. NAME OF DECEASED (Type or print)	Fi Walt	rsi ,er	Middle T	Burkhardt Jr de Mon Sur	
s. sex male	6. COLOR OR RACE White	7. MARR	IED NEVER MARRIED 3	B. DATE OF BIRTH 25 Oct • 1919 9. AGE (In years lost birthday) 11 yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
during mast of wa	TION (Give kind of work prking life, even if retired mployed	done 10b.	KIND OF BUSINESS OR IND	JSTRY 11. BIRTHPLACE (State or foreign country) Indiana	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		231/13/14		14. MOTHER'S MAIDEN NAME	
Walter	T. Burkha	rdt,	Sr.	Mayme Ullery	
1S. WAS DECEASED EV (Yes. no. or unknown)	/ER IN U. S. ARMED FOR	service)		* *	"3252 Queenstow
Canditions, if gave rise to cause (o), stating lying cause last	g the <u>under-</u>	A	ONTRIBUTING TO DEATH BU	Is to the terminal disease condition GIV	EN IN PART 1(a) 19. WAS AUTOPSY
20a. ACCIDENT W	VAS UNDERLYING [7]	but	e Mel	ED. (Enter nature of injury in Part I ar Part II of item 18.)	PERFORMED? YES NO
OR CONTRIBUTING	G □ CAUSE OF DEATH Y MEDICAL EXAMINER)				
20c. TIME OF INJU Hour a. m. p. m.	. 10	20d. It While at work	Nat while	LACE OF INJURY (Home, farm, 20f. (City or town) actary, street, office bldg., etc.)	(County) (State)
saw the dece	nat (1) (this haspita ased alive an	1) attend	ed the deceased fram	death accurred at 5.3 M. Fram the causes an	
22c. SIGNATURE 22c. PHYSICIAN'S NAME (Type)		ulch	7 22	M.D. ATTENDING MED. STAFF PHYS. 22d. ADDRESS	September 1, 196
	Dr. L. Le	V itsk	y., M.D.	3h08 Rhode Island Ave.,	Mt. Rainier, Md.
230. BURIAL, CREMATI REMOVAL (Specif Burial		OF	23c. NAME OF CEMETERY National M	OR CREMATORY 23d. LOCATION (City, town, c	
24. FUNERAL DIRECTO		Ca	ADDRESS 2901 14	25a. REC'D BY REGISTRAR 25b. REGIS	STRAR'S SIGNATURE



DIVISION OF STATISTICAL RESEARCH W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. COUNTY b. county by the and 2 death. Prince George's MARYLAND by th b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporata limits, write RURAL and give nearest town) write RURAL and give nearest town) days Suitland hours after Cheverly Pe d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? 1150 White Hall Street YES NO TA Prince George's General Hospital papers. completel NAME OF DATE Month Yaar 72 DECEASED OF (Typa or print) 1961 DEATH September 19 Burnham 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. and last birthday) Days Hours WIDOWED I DIVORCED Male White physician 10a. USUAL OCCUPATION (Giva kind of work 12. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (County & State, or foreign country) dona during most of working life, aven if retired) FARMING J.S. A. ARMER 13. FATHER'S NAME please 2. aftending Harry Burnham and Sarah Johnson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT oval, BADEN, BISTICH (Yas, no, or unkown) | (If yes giva war or dates of service Mes. Joseph attending physician. 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) HEART DISEASE RTERIOSCLEROTI IMMEDIATE CAUSE (a) the burial-transit GENERALIZED ARTERIOSCIEROSIS Conditions, if any, which has been gava risa to Immadiata causa DUE TO (a), stating the underlying causa last. certificate PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? as 0 CHRONIC NO P CERTIFI 20b. DESCRIBE HOW INJURY OCCURED, (Enter natura of injury in Part I or Part II of itam 1B.) 20a. ACCIDENT WAS UNDERLYING TT OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) After this detached 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm. 20f. (City or town) (County) (Stata) factory, streat, office bldg., etc.) While Not While 4 may be retained DIRECTOR: A 3 should be detailed at work at work D.m. ..., and that death occured at 12215M, from the causes and on the date stated above saw the deceased alive on...... DATE 22a. SIGNATURI ATTENDING SIGNED DIRECTOR PHYS. PHYS. FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) TO FUNE director, p 23a. BURIAL, CREMATION. 23d. LOCATION (City, town or county) (Stata) 256. REGISTRAR'S SIGNATURE 25a. REC'D VR A15 (4) ome, Waldor 15M 9/60 DATE SEP 2 6 arillar S. Kraus

RYLAND STATE DEPARTMENT OF HEALTH



funeral within 24 hours after or carbon papers. Pages I and 2 sheer, whim 72 hours after death. TO HOSPY. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely director, page 3 should be defached for use as the burial-transit permit. Then please remove carbon papers: be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, which 72 ho

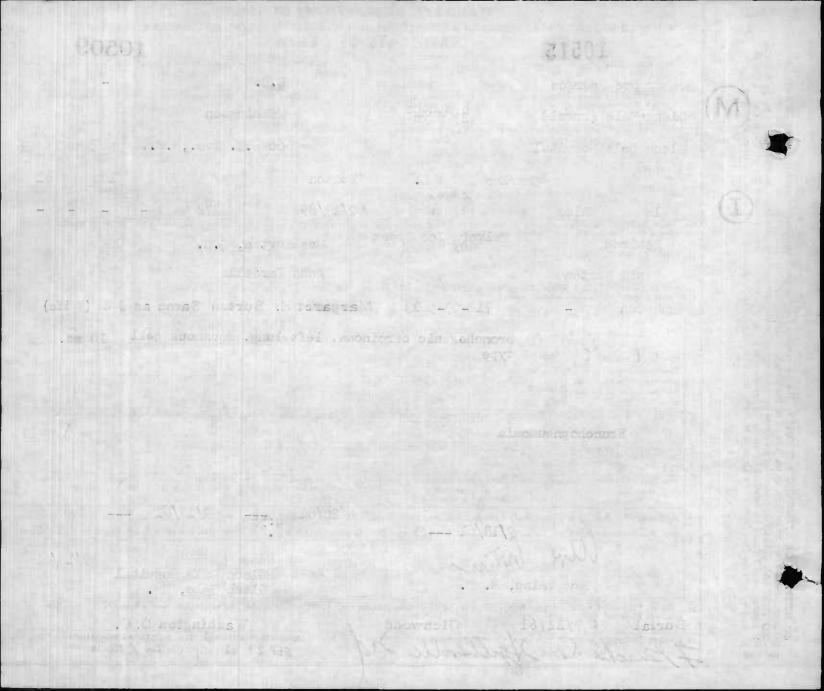
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1000

	LUDID									LUDU)3
1. PLACE OF DEATH					2. USUAL RESI	DENC	E (Where			tion: Residen	ce before admission
Prince (Coorgos		MARYLAI	VD.	e. STATE	D.	Co	ь. сс	YTAUC	848	/
b. CITY OR TOWN (if	outside corporete lim	its.	c. LENGTH OF STAY IN		c. CITY OR TO			propriete limits, v	write RUR	AL end give	neerest lown)
write RURAL end	give neerest town)		L months a				shing			11	712
Glenn Dale			23 days		I CYPETY ARR		Surug	COII		4	A -O
		it not in hosp	pitel, give street eddress)		d. STREET ADD						o. IS RESIDENC
Glenn Dale	Hospital					66	N.Y.	Ave., N	I.W.,	AptIC	YES NO
3. NAME OF DECEASED	First		Middle		Last		4. DATE	M	onth	Dey	Year
(Type or print)	Ch	arles	L.		Burton		DEAT	TH C)	18	1961
5. SEX			NEVER MARRIED	7 B. I	DATE OF BIRTH			9. AGE (In ye		DER 1 YEAR	IF UNDER 24 HRS
Mala	White	WIDOWE		7 1	2/13/89			lest birthde 72 yrs	. Intoll	ths Deys	Hours Min.
Male 10a. USUAL OCCUPATION			ND OF BUSINESS OR INC	J I		County	v & State			2. CITIZEN C	F WHAT COUNTRY
done during most of worl	king lite, even if retire	Melt (be	rern Tce Cre		II. BIRTITEAGE	(COUIII)	, a siere,	or foreign coun	,,		
Retired		Com	pany				ton,	D.C.		USA	
13. FATHER'S NAME				1	4. MOTHER'S MA						
Basil B	urton				Anna	Ia	rdell	a			
15. WAS DECEASED EVE			SOCIAL SECURITY NO.	17. IN	FORMANT			Add	ress		
(Yes, no, or unkown) (If y	yesgive werorderesor:	- 1	12-03-5013	M	iargaret	E.	Burt	on Sar	ne a	s # 2	(Wife)
The second secon	EATH [Enter only one		ne for (e), (b), end (c).]								TERVAL BETWEEN
PART I. DEATH	WAS CAUSED BY:				ome left	- 111	20.00	anne mon	cel	01	SET AND DEATH
1 1	MMEDIATE CAUSE (e)		chogenic car	CIII	omer, rer	2.00	118,	oquamou.	3 001	11	o mo.
169	DUE TO	type									
Conditions, if eny,	1 (-)										
gave rise to immedia (e), stating the un	DUIT TO										
ceuse lest.	(c)										
Z PART II. OTHER	SIGNIFICANT COND	TIONS CON	TRIBUTING TO DEATH BU	JT NOT	RELATED TO THE T	TERMIN.	AL DISEAS	E CONDITION	GIVEN IN	PART 1(e)	19. WAS AUTOPSY
2	nchopneum										YES THE NO TO
	-		CRIBE HOW INJURY OCC	TIRED (Enter nature of inju	iry in Pi	ert I or Per	t II of item 18.)		. 1	
OR CONTRIBUTING [CAUSE OF DEATH	200. 013	CRIDE HOW HOOK! OCC	OKLD. (emor morero or mile	.,		,			
											45
20c. TIME OF INJUR Hour e.m.	Y Month, Dey, Ye	er 2Dd. I While			E OF INJURY (Home y, street, office bldg			Dity or town)		(County)	(State)
Nour e.m.	19	et worl									
	at (I) (this hospi	ital) attend	ded the deceased fr	rom	4/26/61	. 1 .1	O'gram 1	0 9/18/	61	19	that (I) (we) la
			/61 19 and								
	ed alive on	7.4.10.	, and	inai c	leath occured	al II. ·	/١١, ١٢	on me caus	es allu	Oli ille d	22b. DATE
22e. SIGNATURE	Mine	112			ATTENDING		ED.	STAFF	_		, SIGNI
	0004(VVI	1	M.D.		4		PHYS.		4.1	9/18/61
22c. PHYSICIAN'S NAME (Type)	Moe Weis	se M.	n.		22d. ADDRESS			Dale i		rai	
1,770	MOG WELL	110	D.				Glenr	Dale,	Md.		
23e. BURIAL, CREMATIC	ON, 236. DATE THE	REOF	23c. NAME OF CEME	TERY OF	RCREMATORY		23d. LC	CATION (City	, town or	county)	(State)
Burial (Specify)	9/22/6	1	Glenwood	d	0		Wa	ashingt	on D	. C.	
24 FUNERAL DIRECTOR		11-	ADDRESA	1	25e	e. REC		ISTRAR 25b.			TURE
76	i done	Maril	landle.	na			21 '6			S. France	

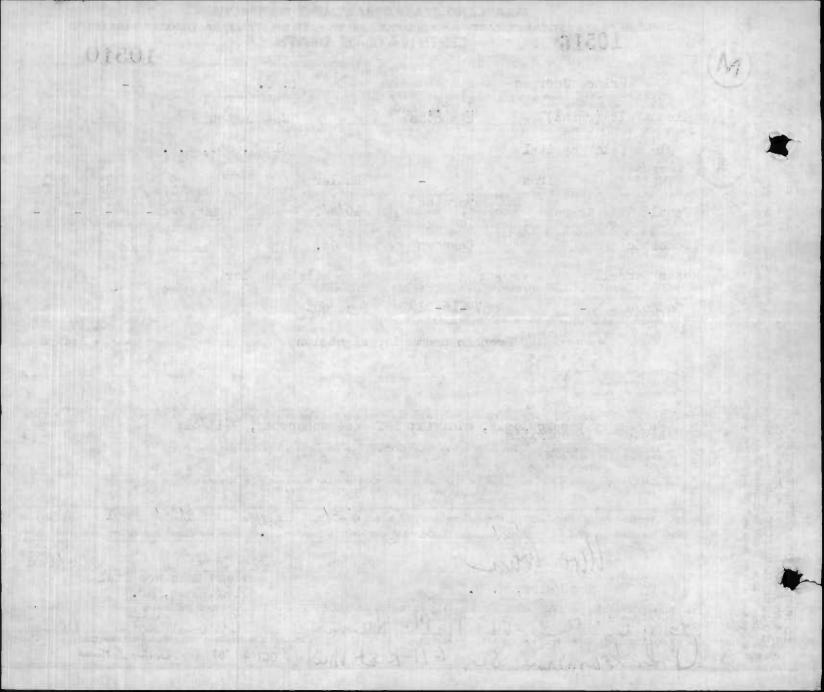


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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

Ш	PLACE OF DEATH COUNTY			2. USUAL RESIDENCE (Where decessed lived, If institution: Kestuenca before edmission) a. STATE b. COUNTY							
	Prince Geo	rges	MARYLAN	a. STATE D. C.							
ľ	b. CITY OR TOWN (if outside co pora	te limits,	c. LENGTH OF STAY IN	b c. CITY OR TOW	VN (If outside corpor	ata limits, write	RURAL and g	ve neerest to	wn)		
	write RURAL and give nearest tow Glenn Dale (rural)	/nj	1 yr., and 2 months	37	Washington						
	d. NAME OF HOSPITAL OR INSTITUT	ION (if not in		d. STREET ADDRESS e. IS R							
5	Glenn Dale Hospi	+ -7			671 N S+	N.W.			NO T		
1	3. NAME OF	First	Middle	Last							
A	(Type or print)	70m c		D.+1.	OF DEATH	0	,	10	167		
7	5. SEX 6. COLOR OR	rma	RRIED T NEVER MARRIED SEDATATED	Butler 8. DATE OF BIRTH		AGE IIn wasne	IF UNDER 1 YE		R 24 HRS.		
	Female Negro	10/4/20		lasi birthdey)	Months Dey		Min.				
1	10e. USUAL OCCUPATION (Give kind of dona during most of working life, even in	of work 10	b. KIND OF BUSINESS OR INDL	STRY 11. BIRTHPLACE (C	County & State, or fo	reign country)	12. CITIZE	OF WHAT	COUNTRY?		
1	Domestic	r retired)	Unknown	Ga.			USA				
ı	13. FATHER'S NAME		UIMIIOWII	14. MOTHER'S MAIL	DEN NAME		1 0021				
	Moses Terrell			Floid	e Butler						
1	15. WAS DECEASED EVER IN U.S. ARME	D FORCES?	16. SOCIAL SECURITY NO. 1	. INFORMANT	e Duoter	Address					
1	(Yes, no, or unkown) (Ifyesgivewarord		-								
ı	Unknown -	lv === =====	579-16-0292	Decedent				INTERVALO	TWEEN		
	18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY: ONSET AND DEATH										
	IMMEDIATE CAL	SE (e) Br	onchopneumonia	, right lung				2_d	lys		
1	40100	UE TO					4.71				
1	Conditions, if any, which	(b)	7*								
	geve rise to immediate ceuse (a), steting tha underlying	UE TO									
	ceusa last.	(c)					VALUE OF				
	Z PART II. OTHER SIGNIFICANT	ONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE CO	NOTION GIV	EN IN PART 1(19. WAS	AUTOPSY ORMED?		
	Pulmonary tuber acute pyeloneph	ritis	s, minimal; le	it pneumonec	tomy, 9/1.	1/01;		YES T	NO 🖸		
	PART II. OTHER SIGNIFICANT OF PULMONARY TUDES acute pyelonept 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFE EITHER, NOTIFY MEDICAL EXAM	EATH	DESCRIBE HOW INJURY OCCL	IRED. (Enter neture of Injury	y în Pert I or Pert II o	f item 1B.)					
2		ey, Yaar 2	od. INJURY OCCURRED 20e.	PLACE OF INJURY (Home,	, farm, 20f. (City o	or town)	(County)	(Steta)		
I	20c. TIME OF INJURY Month, D		While Not While	factory, straat, office bldg.	, etc.)						
	21. I certify that (I) (this	17		m 7/25/		9/25	/, 1961	, that (1)	(we) last		
1	saw the deceased glive on.	4 .	/19.61, and t		2.00						
1	22e. SIGNATURE	1. 1						2:	b. DATE		
	More	Was	1	M.D. PHYS.	MED. DIRECTOR	STAFF PHYS.		9/25/	1961		
ı	22c. PHYSICIAN'S NAME (Type) MOR TITE	. 75		22d. ADDRESS	Glenr	Dale	Hospita	1			
١	Moe We	iss, M	• D•		Glenr	n Dale,	Md.				
1	23e. BURIAL, CREMATION, 23b. DAT	E THEREOF	23c. NAME OF CEMETE	RY OR CREMATORY	23d. LOCAT	ION (City, to	wn or county)		State)		
	REMOVAL (Specify)	30-6	1 Date	tamony	14	Coh	water	Di	C		
	64 FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	25e.	REC'D BY REGISTR				,		
	CX Value		X1. 611-K	St. M. COLDATE	E OCT 4 '61	1 6	iring S. ?	Time			
	- LAND	WY /									



ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hor

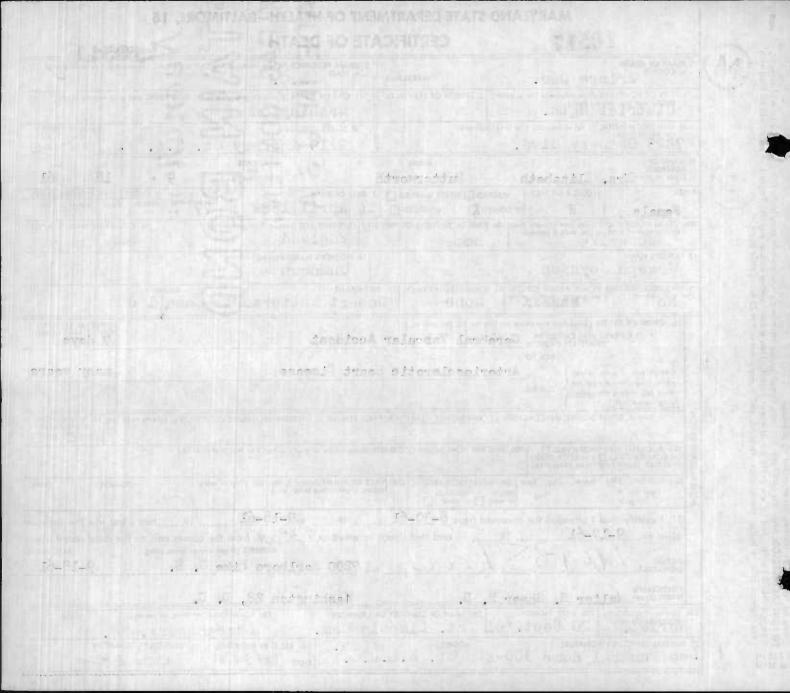
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

0517	CERTIFICATE OF DI	ΔТН
LUJI	CERTIFICATE OF DI	AIR

	4	COTI		CLKI	11 10	41F	OF D	AIF	1			Read Di	SA Mod	14	
1.	PLACE OF DEATH COUNTY Pri	nce Geo.		MAR	YLAND	2. US	UAL RESIDE STATE	NCE (Wh	ere decease	d lived. If i	nstitutio	n: Resider	ice befor	re admis	sion
	b. CITY OR TOWN (III BURAL ond give ne DISTRIC	f outside corporate li egrest town) t Hgts.	mits, write	c. LENGTH OF STAY	(IN 1b	c.	CITY OR TO Wash:			rote limits,	write RL	JRAL ond	give nea	rest town	n)
ŀ	d. NAME OF HOSPIT. OR INSTITUTION 7823 Gat	AL (If not in hospitol, eway Blv	give street	oddress)		d.	STREET ADD	PRESS	7 /	St.	N.J	T.			FARM?
3.	NAME OF DECEASED (Type or print)Mrs		First	Butterw			Last		4. DATE OF DEATH		Mont 9	h	18	y	Yeor 1961
	Female	W	WIDOWI	400	ED 🔲	14	OF BIRTH Apri			9. AGE (In last burl	years idoy) yrs.	IF UNDER Months	1 YEAR Doys		
10a	during most of work	ing the even it term	k done 10b. ed)	KIND OF BUSINESS O	OR INDUS	TRY 11	Engla		or foreign c	ountry)			SA	F WHAT	COUNTRY
13.	Joseph	Joynson					Unkno		AME	4					
I5. Ye	WAS DECEASED EVER	R IN U. S. ARMED FO	ORCES? 16.	social security no None		obe	ert Bu	ıtte	rwor	th Sa	Addre				
		TH WAS CAUSED BY IMMEDIATE CAUSE	(o) Cere	bral Vascu		Acc	ident						QNS	RVAL BE	DEATH
	Conditions, if or gove rise to in couse (o), stoting t	mmediate ((b) Arte	rioscleroi	tie H	ear	t Dise	ase					ma	ny y	rears
IIFICATION	20a. ACCIDENT WA	ER SIGNIFICANT CO	20b. DESC	ONTRIBUTING TO DE					3 - 1			N IN PAR	T 1(o) 15	PERFC	AUTOPSY PRMED?
MEDICAL CER	OR CONTRIBUTING (IF EITHER, NOTIFY I 20c. TIME OF INJURY Hour o. m.	CAUSE OF DEATH	Year 20d. It	NOT While	20e. PLA	ACE OF	INJURY (Ho	me, form,	20f. (City			(0	County)		(Stote)
N			e deceas	ed fram 8-30-	-61 death	accui			M, fran	n the cau reet, city or ke S.	ses ar	nd an t	ne dat	e state	ATE SIGNED
220	PHYSICIAN'S NAME (Type) Wa		heer M				fashir								
]	BEND TAL Specify	, 20 Sep	t. '6]		nco.	ln	Cem.		Bla	ion (city.	bur	g, l		(Stot	e)
	ee Funeral directors		300-2	th St. N	E.	Nas D.C			BY REGIST			TRAR'S SIC			

TO HOSPITAL VS A15 (4) 15M 10/57



		1
TO HOSP I OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after	death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely to the funeral	director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Page 1 rend 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and income, within 72 hours Atel dept.
24 hou	- Pro-Lh	PA STATE
ithin 2	led in	rs Age
uted v	letel	pers.
e exec	Comp	bon pa
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PHYS	the hor	for us
DING	After I	etachec of Hea
TTEN	TOR	d be d Dept.
OR A	death. Page 4 may be retained by the hospital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the	director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Page French 2 be filed with the State Dept. of Health prior to burial, cremation, or removal, and the many event, within 72 hours like death.
7	ASS 4	page with th
HOSP	eth. P	ector, filled
TO	10g	& F

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 10518 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institut) e. COUNTY b. COUNTY PRINCE GEORGES MARYLAND MARYLAND CHARLES b, CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) write RURAL end give nearest town) ANDREWS AIR FORCE BASE 19 HRS 14 MIN BRYANS ROAD d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) e. IS RESIDENCE d. STREET ADDRESS PARK ON A FARM? US AIR FORCE HOSPITAL YES NO X LOT 54, BRYANS ROAD TRAILER/ NAME OF First Middle 4. DATE Month Year DECEASED (Type or print) BARBARA DEATH .TEAN 28 19 61 CHOQUETTE SEPTEMBER 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In yeers | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) Days 27 SEPTEMBER 1961 FEMALE CAUCASIAN WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) NONE MARYLAND UNITED STATES 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JOYCE I HARRISON PHILIP H CHOQUETTE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyes give wer or dates of service) NONE 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY ANOXIA IMMEDIATE IMMEDIATE CAUSE (a) DUE TO ATELECTASIS Conditions, if any, which 19 HRS 14 MIN (b) gave rise to immediate cause DUE TO (a), stating the underlying PREMATURITY 19 HRS 14 MIN cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATIO PERFORMED? YES X NO 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED | 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While Hour e.m. et work et work 21. I certify that X) (this hospital) attended the deceased from 27 SEPT 19. 61 to 28. SEPT. 61 19...., that (0) (we) last SEPT 19 61, and that death occurred a 645 M, from the causes and on the date stated above. 28 saw the deceased alive on... 22e. SIGNATURE DATE STAFF SIGNED ATTENDING MED. PHYS. X DIRECTOR 28 SEPTEMBER 1961 PHYS. 22. PHYSICIAN'S 22d. ADDRESS NAME (Type) RICHARD P MALSAN, Capt USAF MC USAF HOSP, ANDREWS AFB, MD 230. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** DATEOCT 2 arthur & Kraus

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VISITATI NAOS EGANES, AL TOJ

MARYEAST STATES

- JOYCE I HARRISON

Mary Service

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RICHARD E MALSAN, Capt Base WO | WEAF MORE, ANGER'S APE, MILITARY

Pages 1 and 2 should TO HOSPY I. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely when it is director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

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thin 24 hours after

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 10513

CERTIFICATE OF DEATH 10513

1.	PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before	dmission)
	Trince General MARULAND OSTATE MARULAND COUNTY (PR	4
-	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, water AURAL and give neerest toy	(0)
	wpfe)RURAL end give precipit town)	
_	d. NAME OF HOSPITAL OPINSTITUTION (if not in pospital, give street eddipss) d. STREE ADDRESS e. IS R	ESIDENCE
		A FARM?
-	Toint Dranch / Vursing Home 172/2 Central AVE. YES	ИО
3.	NAME OF DECEASED A First Middle Last 4. DATE Month Day Year	,
	(Type or print) HICE VINGINIA COLLINS DEATH SEPT. 2/ 19	61
5.	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In your I FUNDER 1 YEAR) IF UNDER	24 HRS.
	F. WIDOWED X DIVORCED Au. 29 1868 93 yrs. Months Deys Hours	Min.
10	08. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE County & State, or loreign country) 12. CITIZEN OF WHAT	OUNTRY?
do	done during most of working life, even if retired)	
13.	3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
	- 11.	
15	James E. Harry Sarah Lucen	
(Y	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. Address Yes, no, to unknown) (Ifyesgivewerordetesofservice)	/
_	No None laint Dranch / Yursing Home Nec	old:
	18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), and (c).) INTERVAL BE ONSET AND	
	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) KESPIRATORY ARREST	
	331V DUE TO A A	
	Conditions, if ony, which > (b) CEREBRAL VASCULAR ACCIDENT 48 1	KS.
	geve rise to immediate ceuse	
	(e)) stering the underlying	
z		UTOPSY
15	GENERAL DEBILITY	RMED?
FIG	GENERAL DEBILITY	NO .
CERTIFICATION	206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH	
MEDICAL	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County)	(Stete)
WED	Hour a.m. While Not While factory, street, office bidg., etc.)	
	21. I certify that (1) (this hospital) attended the deceased from 9-19, 1961, to 9-21, 1966 that (1)	last
10		
		. DATE
	ATTENDING MED. STAFF	SIGNED
	A Committee of the control of the co	-61
	NAME (Type) M 21/C P. T.	my PA
-	MORKIN C. CHINNAM IN 107- PEVINSTIRE KG. M	-
23	(S) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. UCATION (City, town or county)	toto)
	Burner Sept. 23-61 St. Matheus em. Seat Pleasant	nd
24	4 SUNERAL DIRECTOR'S SIGNATURE /66/ADDRESS OF HOTE 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE	
	SIMMONS BOES DO. S.F. I WOSh. 20: D'C DATE SEP 25'61 Outling 8. Thank	

STOUL-Engles George Fernander (1) 4R Wight See Comment Rend Addition - Some Solar Sie AT Alexander Point Brainch Hursing Home 9272 Central Ass. X Alice Virginia Collins Sept 21 61 F. W = X = X = X = X = X = X Housewife None District of Columbia 1154 James E. Harry Sorah Luceri None Pant Branch Musing Home Lecools Nessex Peres CERCULAR HERELARD HE DOEN GENERAL DEBIRTY - 12 10 12 - E 10 PICE Total of the second when he was to the second with the second THE PARTY OF LAND OF SHAPE SHAPE

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	11	1520				C	ERTIF
	PLACE OF DEATH						
	a. COUNTY	Prince	Geo	rge	Is		MARY
	b. CITY OR TOWN (if	outsida corpo	rate limi	4000		c. LEN	GTH OF ST
	write RURAL and					0	
_	Hillore d. NAME OF HOSPITA	AL OR INSTITU	UTION (if not i	n hospi	al giv	yrs.
	58072		_	_		Jiy yii	- viitat add
3.	NAME OF	Jul WA	First				Middle
	DECEASED (Type or print)		ULIA				
	SEX						C.
٥.		6. COLOR O	" "	7. M	ARRIED	N X	EVER MARRI
	Female	Whit			OWED		DIVORCE
10e	. USUAL OCCUPATION of wor	ON (Give kind	of work	d) 1	Ob. KIN	D OF	BUSINESS OF
	Housewi:	_		-,	De	me	stric
13.	FATHER'S NAME						
		John K	lende	11e			
15.		R IN U.S. ARA	AED FOR	CES?	16. 50	OCIAL	SECURITY N
(Ya	s, no, or unkown) (If	yas give weror	detesofs	ervice)			
-	18. CAUSE OF DI	ATH IFnter	only one	CALLED	per lin	n for l	a) (b) and (
	PART I. DEATH			1	7:14	101 (0	, (D), and (
		MMEDIATE CA		_/	yp	07/	enoll
	74:	3 V	DUE TO	(//		
	Conditions, if eny,		(b)_				9 1 9
	gave risa to immedie (a), steting tha un	-	DUE TO				
	cause lest.	dellying	(c)				
Z	PART II. OTHER	SIGNIFICANT		TIONS	CONTI	RIBUTII	NG TO DEAT
ATIC							62
FIC	20e. ACCIDENT WA	S UNDERLYIN	IG 🖂 🗆	206	DESCE	RIBE H	OW INJURY
CERTIFICATION	OR CONTRIBUTING !	7 CAUSE OF	DEATH	200.	25361		O II IIIONI
			- 1		201	11.18	0.00117
DICAL	20c. TIME OF INJUR	Y Month,	Dey, Yes		20d. IN While		OCCURRED
MEDI	p.m.		19		t work		work
	21. I certify th	at (I) (this	hospit	lal) a	ttende	ed th	e decease
	saw the decease			10	+2	1	19.61
	22e. SIGNATURE	7		7		- 44	/
		100	1	1-	10	71	4
	22c. PHYSICIAN'S	- wan	NY	1	100	11	TOV
	NAME (Type)	Fra	nK	/ :	T		lalh
		, 01	111		J ,	- '	1 7 7 0
23a	BURIAL, CREMATIC REMOVAL (Specify)	N, 23b. DA	TE THER			23c. I	NAME OF C
	Burial	Sept	. 28	5 1	961	(Jedar
24	FUNERAL DIRECTOR	SIGNATURE	16	51_	-Goo	1	ADDRESS R
1	Chegrons	Brown	Was	shi	ngto	on	20 DC
					-0-		

DIVISION (OF STATISTICAL			S, 301 W. PREST	ON STREE	LTH ET, BALTIMO	ORE 1, MAR	YLAND
1	0520		CERTIFICAT	E OF DEAT	H		1051	14
CE OF DEATH	Prince Geo:	rge 's	MARYLAND	2. USUAL RESIDE	nce (Where	h COUN	JTY	Geo.
vrita RURAL and	outsida corporate limite give neerest town) et Hghts	у, с.	LENGTH OF STAY IN 16	c. CITY OR TOWN		rporate limits, write t Heights		neerast town)
AME OF HOSPIT	AL OR INSTITUTION (III	_		d. STREET ADDRES	SS	Ave., S.		IS RESIDENCE ON A FARM? YES NO N
ME OF EASED					4. DATE	Month	Dey	Yeer /
or print)	JULIA		C.	COOKE	OF DEAT	H Sept.	25th	196/
male	6. COLOR OR RACE	7. MARRIED 2	NEVER MARRIED DIVORCED	April 26.	189	9. AGE (In yeers last birthday) 69 yrs.	Months Days	Hours Min.
UAL OCCUPATION Most of work Housewi:	ON (Give kind of work king life, even if retired)	OF BUSINESS OR INDUST		unty & State,	-/		OF WHAT COUNTRY?
HER'S NAME			105 0220	14. MOTHER'S MAIDE				
John Kendell Mary ?								
CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO DUE TO CHOSE Same as # 2 INTERVAL BETWEEN ONSET AND DEATH DUE TO DUE TO DUE TO DUE TO								
ACCIDENT WA	(c)_ SIGNIFICANT CONDIT S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)		BUTING TO DEATH BUT NO				/EN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO 🔀
Hour a.m.	Month, Dey, Yee	While et work		ACE OF INJURY (Home, fe tory, straet, offica bldg., a		ity or town)	(County)	(Stata)
	nat (I) (this hospital	1 9.	the deceased from19		, 1960, 10 F.P.M., fro			that (I) (we) last date stated above.
. SIGNATURE—	Tranks	1-Ta	wot .	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.		22b. DATE 9/25/6/
PHYSICIAN'S NAME (Type)	Frank	J,	Talbot	22d. ADDRESS	307	Branc	ch Are	2100
RIAL, CREMATIC DVAL (Specify) Urial ERAL DIRECTOR	Sept. 28	1961	Cedar Hill ADDRESS Rd.,	Cemetery	Sui	tland, Mi	aryland	(Stata)
WARRA	/rul Was	hington	20 00	DATE	SEP 2 8	61 0	11 . 9 4.	

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John Kandell

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COOKE Sept. 25th

April 26, 1832 69 menes

Marie W citrosof Strongel

Lenty C. Cooks | Seme as g 2

During | Shot as 1951 | Coder Hill Concery | Suithmed House

FOR STATE HEALTH DERI TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any my is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3-Rage 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Mealth, or its designated agent, prior to burial, cremation, or removal, and in any event with 1 hours after death.

VS. A15ME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

10521 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 10515

1. PLACE OF DEATH e. COUNTY		2. USUAL RESIDENCE (Where dacaesed I	
Prince George	g MARYLAND	a. STATE Maryland	Prince George's
b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate lim	its, write RURAL and give nearest town)
Riverdale	Dead on arrival	59 Oakton	
d. NAME OF HOSPITAL OR INSTITUTION (if no	ot in hospitel, giva street eddrass)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
Leland Memorial	Hospital	2009 Erie Stree	
3. NAME OF First DECEASED	Middle	Last 4. DATE	Month Dey Year
(Typa or print) Will	lam Thomas	Cooper DEATH Sep	tember 1. 19 61
5. SEX 6. COLOR OR RACE 7.		DATE OF BIRTH 9. AGE (I	n years IF UNDER 1 YEAR IF UNDER 24 HRS.
The state of the s		August 13.1903 58	
10a. USUAL OCCUPATION (Give kind of work	106. KIND OF BUSINESS OR INDUSTR	August 13,1903 58	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retirad)	Merchandise	Mann	U.S.A.
Salesman 13. FATHER'S NAME	Merchandise	Tenn. 14. MOTHER'S MAIDEN NAME	0.0.8.
William A Come	29	Dora Smith	
William A. Coope IS. WAS DECEASED EVER IN U.S. ARMED FORCES	? 16. SOCIAL SECURITY NO. 17. I		Address
(Yes, no, or unkown) (If yas give war or datas of servi		Vanton I Comer C	ama a. 40
NO NONE	isa per line for (a), (b), and (c),	Marion L. Cooper S	ame as #2
PART I. DEATH WAS CAUSED BY:			ONSET AND DEATH
IMMEDIATE CAUSE (+)	Acute Congest	ive Heart Failure	
DUE TO	4	att a Massit Bloom	
Conditions, if any, which gave rise to immediate cause (b)	Arterioscier	otic Heart Disease	
(a), stating the underlying DUE TO	21 -1 - 4		
cause last. (c)		everal years	
PART II. OTHER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITI	ON GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
<u> </u>			YES NO K
PART II. OTHER SIGNIFICANT CONDITION 20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING 20b. CAUSE OF DEATH.	DESCRIBE HOW INJURY OCCURED. (E	ntar nature of injury in Part I or Part II of item 18.	
20c. TIME OF INJURY Month, Day, Year Hour a.m.		CE OF INJURY (Home, farm, 20f. (City or town ory, streat, office bldg., etc.)) (County) (Steta)
Hour a.m.	While Not While fact	5177 3110017 011100 212917 01017	
21. I certify that I took charge of the	he remains described above, he	ld an Autopsy , Inspection X.	Inquiry K, and in my opinion
death resulted from; Natural cause	Accident , Suic	ide , Homicide , Undetermi	ned manner
		CHIEF MEDICAL EXAMINER	
ACTUAL		ASSISTANT MEDICAL EXAMINER	DATE SIGNED
SIGNATURE	VI. Joy	DEPUTY MEDICAL EXAMINER	gent 1 1061
EXAMINER'S NAME (Type)	. BOYD, M.D.	Address (Streat, city, town, or county)	Sept. 1, 1961
220 BURLAC, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY OF		y, town, or country) (Steta)
SURIAL Spacify 5 SEPT. 19	61 CEDAR HILL	CEMETERY SUITLAN	VA MD.
23 ELIDIERAL DIRECTOR	ADDRESS	24a. REC'D BY REGISTRAR 24	
1: all Turned they be	816 Ast no	T DATE SEP 5 '61	Cothun S. Kraus
sy acus record / Vina, 12	0.000	· O TOVIERNI O	A. 100000

CICO: UM C SCHOOL WEST LICENSE 219-1 4STOL Maryland Prince Searce's Prince George's for the contract of the contra notaso 2009 Bits States Lalingon Lairanes Angled William Thomas Cooper | September 1, | 61 85 CORI, al daugua Deser De etimo etimo elek D. B. D. B. A. Salesna Herchandise Tenn. MULIES AROG William A. Cooper Marion L. Onceen Same as AS wern flat green evileenco ofuon Assault trank offers to school Thease biney Logaven apparent 1961 J. 1961 .s.x. aros .r estat Let To be to Mile Colored Surface Plan

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VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	10	500		OEK III IOA		U. D.A.			4.00	-40
	PLACE OF DEATH	とたん			1 1 2	. USUAL RESIDE	ENCE (Where d			ante Gore edmissi
		GEORGES		MARYLAN	ID I	a. STATE MAR YI	AND	b. COU		E GEORGES
	b. CITY OR TOWN (i	if outside corporate limits,	, c.	LENGTH OF STAY IN		CACITY OR TOW		orete limits, writ	The second second	
		IR FORCE BAS	SE	2 DAYS		SULTI	AND			
		TAL OR INSTITUTION (if				d. STREET ADDRE				e. IS RESIDEN
				, 5.10 3.11031 0441033,		The state of the s	WHELLER	UTITE	OAD	ON A FAR
2	NAME OF	ITAL, ANDREY	WS AFB	- MT.0						YES NO
	DECEASED (Type or print)	JOH		Middle SAMUEL		COX III	4. DATE OF DEATH	Month SEPTE		22 19 61
j.	SEX	6. COLOR OR RACE 7	. MARRIED	NEVER MARRIED	8. [ATE OF BIRTH	5	last birthdey)	IF UNDER 1 YE	
	MALE	CAMOAGTAN	WIDOWED [DIVORCED	-	SEPTEMBE	ZR 61	yrs.	Months De	Min Min
		ION (Give kind of work	10b. KIND	OF BUSINESS OR IND	USTRY	11. BIRTHPLACE (C	ounty & State, or	foreign country)	12. CITIZE	N OF WHAT COUNT
101	NONE	rking life, even if retired)		NONE		MARYLANI			LINT 7	TED STATES
3.	FATHER'S NAME			MONE	1-	. MOTHER'S MAID	The second secon		ONL	TED STATES
JOHN S COX LINDA E MOORE										
5.		ER IN U.S. ARMED FORCE	FS? 16 SO	CIAL SECURITY NO.1	17 INI	ORMANT	MOORE	Address		
	s, no, or unkown) (I	fyes give wer or detes of ser							44	
-	NO			ONE	HOSI	PITAL RECO	DRD	SAME	AS ITE	the same of the sa
ı		EATH [Enter only one c	euse per line	for (a), (b), end (c).]	17	-				INTERVAL BETWEEN
		H WAS CAUSED BY: IMMEDIATE CAUSE (a)	Colle	renelal .	W	leclase	30			24 Mls
ı	762	C DUE TO	1	4	1					1
	Conditions, if eny	11.15	1/4	MIMIA	/111	11/11				2 dallo
ı	geve rise to immedi	iate cause		, would	w	my -				
	(a), steting the un	nderlying DUE TO				U				
	ceuse lest.) (c)_								
CERTIFICATION	PART II. OTHER	SIGNIFICANT CONDITI	ONS CONTRI	BUTING TO DEATH BU	TNOT	RELATED TO THE TER	MINAL DISEASE	CONDITION GIV	ZEN IN PART 1(PERFORMED
								IE IE E		YES X NO
	2De. ACCIDENT W		20b. DESCRI	BE HOW INJURY OCC	URED. (E	nter neture of injury	in Part I or Part	ll of item 18.)		
	(IF EITHER, NOTIFY	MEDICAL EXAMINER)								
	20c. TIME OF INJU	IRY Month, Day, Yeer	20d. INJU	JRY OCCURRED 20e		OF INJURY (Home,		y or town)	(County	(Stete)
NEDICO.	Hour a.m.		While	Not While		, street, office bldg.,				
ı	p.m.	19	et work	et work		10.0				
		hat (I) (this hospita								
	saw the deceas	sed alive on 22 S	SEPT	19 61 , and	that d	eath occured at	240M, from	n the causes	and on the	date stated abo
	229 SIGNATURE	10/1	21							22b. DAT
	/ Assura	10 / V / A	10270	1111	M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.		22 SEPT
	22c. PHYSICIAN'S	a wice	~ can	,000	M.D.	22d. ADDRESS				0111
	NAME (Type)	ARNOLD A ABI	AMO CA	DT HEAT MC		USAF HOS	P. ANDR	EWS AFR.	MD	
										(51-1-)
36	BURIAL, CREMATI	ON, 23b. DATE THERE	2	3c. NAME OF CEMET	EKT OR	CKEMIATORY	230. 100	ATION (City, to	wn or county	(Stete)
6	Surial	7/24	6/1	Menge	02	Mal	Cl	reen	9/00	~ Va
24	EUNERAL DIRECTOR	S SIGNATURE	1	ADDRESS	1.	- 5	REC'D BY REGIS		GISTRAR'S SIG	
1	las all	di Fun	eral	816	H	SAPORTE	QCT 2 '6	1 /20	rilun S. H	house
+	Ly Carl	at partie	mes - L	200						
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himselve Trevereller, Ell 11 Sillen at 1 Commerce

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution a. COUNTY a. STATE b. COUNTY the d Prince George's Prince George's Maryland MARYLAND death. and b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) red in by write RURAL and give neerest town) hours after Cheverly Landover Hills Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d STREET ADDRESS Prince George's General Hospital 64th Avenue papers. completely 4. DATE Month DECEASED OF (Type or print) September Melinda Sue Cox carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X AGE (In yeers | IF UNDER I YEAR 8. DATE OF BIRTH and lest birthday) Months DIVORCED WIDOWED event, Female July physician 10e. USUAL OCCUPATION (Give kind of work remove 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) Cheverly, Maryland None None 13. FATHER'S NAME please aftending Austin Eugene Cox
was deceased ever in U.S. armed FORCES? Laura Louise Conrad (Yes, no, or unkown) | (If yes give wer or detes of service ig physician. 18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: Pulmonary Congestion and Edema IMMEDIATE CAUSE (e) burial-transit DUE TO Subaortic Stenosis Conditions, if any, which 4 may be retained by the nospinar or second DIRECTOR: After this certificate has been a 3 should be detached for use as the burial-free should be detached for use as the burial, crem geva risa to Immedieta cause DUE TO (a), steting the underlying Congenital Heart Disease/ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e, PLACE OF INJURY Home, farm. 20f. (City or town) Month, Dey, Year Not While fectory, street, office bldg., etc.) Hour a.m. et work | et work | 21. I certify that (I) (this hospital) allended the deceased from 12000 saw the deceased alive on Well ATTENDING STAFF HOS. Page 4 ". FUNERAL I September PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Milos A. Jansa, M.D. director, post filed Varnum Street, Landover Hills, Md. 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Burial 9/13/61 Pleasent Hill Glasgow ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) arihur S. Traus Hyattsville, Maryland ATE SEP 13'61 Francis Gasch's Sons 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

2077324XV5

24 hours after

aftending

death.

22b. DATE SIGNED

(State)

Pa.

WAS AUTOPSY PERFORMED? NO F

(Stete)

e. IS RESIDENCE ON A FARM? YES NO

IF UNDER 24 HRS.

Dav

Days

19

U.S.A.

(County)

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

3 4 2 1 1 Lastered for the book expect senter! THE CHANGE VERSION Such (Etyperland through Tec impary . Mi . a LAS Treconas adments and a . Ith. a.a. ed awaye a.a. Francis Gasco's Sons Hyattsville, Marylande Stellel 1 5715 and

may be reformed by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Baard at Health priar to burial, cremation, ar remaval, and in any event, within 72 haurs offer death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

TO HOSPIT

VR A15 (4) 15M 9/59

s after death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

10510

CERTIFICATE OF DEATH

10524

1. P	LACE OF DEATH		USUAL RESIDENCE (Whe	re deceased lived. If instituti		before difficularian)
"	PRINCE (TEORGES MARYLAND	'	MARYL	AND b. COUNTY	TALI	Too
Ь	. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 1b		c. CITY OR TOWN (If au	tside carporate limits, write R	URAL ond give	e nearest tawn)
K	RURAL and give nearest town) RURAL - I A KAMAP PARK 5 MOS.	119	ST. XA	IPLAFLS		
0	I. NAME OF HOSPITAL (If not in haspital, give street address)	-	d. STREET ADDRESS	1010111	12 0	e. IS RESIDENCE
	OR INSTITUTION	-	HARbOR	Frank. 21	(X-	ON A FARM? YES NOVE
3 N	IAME OF First Middle		Last	4. DATE Man	th.	Day Year
0	PECEASED WILLIAM (NM.I) CI	RA	NMER	OF DEATH SEPT	T.	4 1961
5. S	MALE 6. COLOR OR RACE 7. MARRIED NEVER MARKIED WIDOWED A DIVORCED	B. DA	PRIL 24 1	9. AGE (th years last birthday)	Manths D	YEAR IF UNDER 24 HRS. oys Hours Min.
10a.	USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDL	USTRY	11. BIRTHPLACE (State of		-	N OF WHAT COUNTRY?
	during most of working life, even if retired) CARPENIER		ENGLAN	. 1		U.SA
13. F	ATHER'S NAME	14	. MOTHER'S MAIDEN N	AME		
	HENRY CRANMER		EMMA F	fusk.	5%	
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17, 10. or unknown) (If yes, give war or doles of service)	ME	Yus Ri	418 Circle	na F	ack and
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]			7.		INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	05	TATE W	ith		ONSET AND DEATH
	DUE TO	1				61.
	Canditians, if any, which he metas-	uc	25			ogs,
	gave rise to immediate		-5-			4
	lying cause last.				200	
z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	JT NOT	RELATED TO THE TERMIN	NAL DISEASE CONDITION GIV	VEN IN PART 1	(a) 19. WAS AUTOPSY
CATION						PERFORMED?
JE I	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURR	ED. (Ēr	nter nature of injury in P	art I or Port II of item 18.)		1.00
CERTIF	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(-				
			OF INJURY (Home, farm, street, affice bldg., etc.)		(Co	unty) (State
MEDI	Haur a.m. P. m. 19 While Nat while at wark at wark	deloty,	street, diffice blog., etc.,			
	21. I certify that (I) (this haspital) attended the deceased fram.	.77	1/4 106	D. to Sept 6	106/	, that (I) (we) last
	saw the deceased alive an Legit 4 1961, and that	donel		M, fram the causes ar		, , , ,
	22a. SIGNATURE	ueun	dccorred dPZ_	w, irall life causes at	id on me c	22b. DATE
	1200+11 Sarroll	M.D.	ATTENDING ME	D. STAFF PHYS.	sens	E 4 SIGNED
	22c. PHYSICIAN'S		22d. ADDRESS	COOK D THIS: D	V	-
	ERNEST A. SARAO. M.	D.	TAKO	MA PAR	OK. I	MD.
23a	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	QR CR		23d. LOCATION (City, tawn,	or caunty)	(State)
	BURRAL SEPT 7,1961 WAINET (METERY	STIMICHOA	ES	MD.
24.	FUNEBAL DIRECTOR'S SIGNATURE ADDRESS		25a. REC'D		STRAR'S SIGN	
1	V. Hamfleton Harriow, A. m.	ccl	bell DATE		Sommer &	. TUMUS
			nidy			

43770945 EMME HOSE HENRY CRAWITER hat the same wife and and CANCER PROTESTATE with A.e. Kranette · 医二种 · End Prince Service Water Gradest States and The of extendition Florence of his task

TO He. **AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. **S TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be defacted for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal and event, within 72 hours after default.

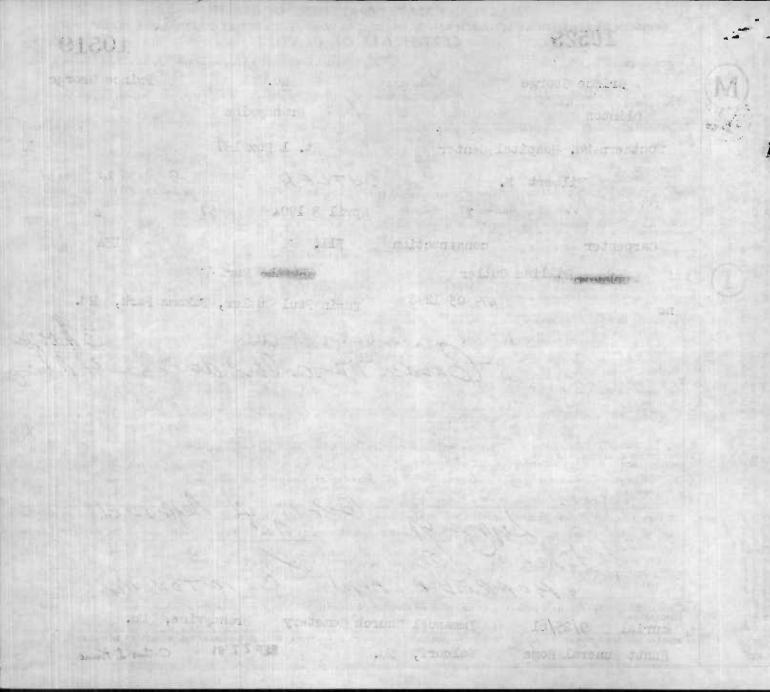
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

10519

1.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) a. STATE b. COUNTY
) _	Prince George MARYLAND	Md. Prince George
1	b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town) Clinton	C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) Brandywine
3 1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) Southern Md. Hospital Center	d. STREET ADDRESS Rt. 1 Box 187 On a FARM? YES \(\text{NO} \) NO \(\text{X} \)
3.	NAME OF First Middle DECEASED	Last 4. DATE Month Day Yeer
	(Type or print) Wilbert M.	UTLED DEATH 9 22 1961
5.	M. I MARKED LINE TERMARKED LI	DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS. April 3 1904 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.
		11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Carpenter construction	TIL. USA
	William Cutler	Berthal Muri
	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
(Y	no (Ifyasgivewerordalesofservice) 479 05 1298	Edwin Paul Cutler, Takoma Park, Md.
	18. CAUSE OF DEATH [Enter only one causa per line for (a), (b), end (c).] PART I. DEATH WAS CAUSED BY:	lal infarction. Interval between object and death
	DUE TO	1
	Conditions, if eny, which (b)	Varcula disease 4 dein
	gave rise to immedieta ceuse	
	(a), steting the underlying ceuse last.	
Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
Ä		YES NO N
CERTIFICATION	2Da. ACCIDENT WAS UNDERLYING _ 2Db. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING _ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	. (Enter nature of Injury in Part I or Part II of item 18.)
MEDICAL	20c. TIME OF INJURY Month, Dey, Year Hour a.m. 19 20d. INJURY OCCURRED 2De. PLA While Not While at work at work	CCE OF INJURY (Home, farm, 2Df. (City or town) (County) (State) ory, street, office bldg., etc.)
	21. I certify that (I) (this hospital) attended the deceased from	19 46 to 12/11/19 (I) (we) last
	saw the deceased alive on	death occured av
	220. SIGNATURE Doll Alpin on	ATTENDING DIRECTOR PHYS. 22b. DATE SIGNED
	22c. PHYSICIAN'S NAME (Type) ALFRED R. LM.	PM CZINTON, MPS
23	Be. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY (Bemoval (Specify) 9/25/61 Immanuel Church	or crematory 23d. Location (City, town or county) (State) ch Cemetery Brandywine, Md.
24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	Huntt Funeral Home Waldorf, Md.	DATE SEP 27'61 Orthur S. Hrank



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or remaval, and event, within 72 haurs after death. irs after death. Page 4 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 TO HOSP

3.

10a

13.

15. (Yes

MEDICAL CERTIFICATION

23a

24. FUNERAL DIRECTOR'S SIGNATURE

muns Bros

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH					
10526 CERTIFICA	10 DEATH				
PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before dispission)				
COUNTY PRINCE GEORGES MARYLAND	O. STATE MARYLAND b. COUNTY PRINCE GEORGES				
o. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)				
RURAL and give nearest town) RURAL and give nearest town) Add. 41 days	18 Hillcrest Heights				
d. NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE				
Swithand Nursing HomE	5017-26th Ave, S.E VES NOW				
NAME OF First Middle	Last 4. DATE Month, Day Year				
Type or print) Murtle C. T.	DAVIDSON DEATH Sept. 16, 1961				
EX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.				
F WIDOWED DIVORCED	Aug. 19, 1917 lost birthdoy) Months Days Hours Min.				
. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU:	STRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?				
during most of warking life, even if retired) DR'S Office	North Davota 115				
FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
William BAKER	Thelma Hopstmauer				
WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	NFORMANT . Addres U. Monest				
, no, ar unknown) (If yes, give war or dates of service)	1 1 Duly 5417 of the Aug Willed all				
	-oyd DAVIDSON, JOIT-262 AVE. Heights Ma				
1B. CAUSE OF DEATH [Enter only one cause per line for (a) (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH				
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	withlangloseer 15 months				
705.5 DUE TO DUSTON	e sixted				
Conditions, if ony, which) (b)	a viede)				
gave rise to immediate					
lying cours last					
, (c)	ANOT DELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN BART I/- 10 WAS AUTORY				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?				
	YES NO				
20g. ACCIDENT WAS UNDERLYING A CONTRIBUTING A CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Port I or Part II of item 18.)				
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote)				
Haur o.m. While Not while for	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State) ctory, street, office bldg., etc.)				
p. m. 19 at work at wark					
21. I certify that (I) (this haspital) attended the deceased fram	May 7, 1961, to Seft: 16, 1961, that (1) (we) last				
saw the deceased alive an 27,13, and that a	death accurred at M, from the causes and an the date stated above.				
220. SIGNATURE	ATTENDING MED. STAFF				
22c. PHYSICIAN'S	M.D. PHYS. DIRECTOR PHYS. D				
NAME (Type) DAVID S. GORDON	5/31 23d PARKWAY Hillcrest Hoto. No				
BURIAL, CREMATION, 23b, DATE THEREOF 23c, NAME OF GEMETERY O	OR CREMATORY 23d. LOCATION (City, town, or county) (State)				

1661- 2500 Hope Pe

250. REC'D BY REGISTRAR

DATE

25b. REGISTRAR'S SIGNATURE

Orthur S. Kraus

VR A1S (4) 1SM 9/S9

Sattlend the Hildren Hillerist Heights Sattled Wars of the same and the said the said se Myethe C. Dericesa - Seph he A HILLIAM KALLE Kitchel Miller Bert Bert - 28 th Elit (4-10) 1/2 / 1/2 Mariet 9-19-21 Contract Contract The State Principle The state of the s

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 2. USUAL RESIDENCE (Where deceased lived, If institution to the land of readmission) 1. PLACE OF DEATH Prince George's ector. Page Health, Prince George ay is necessary real director. Page d for your files. Board of Health MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL end give nearest town) Cheverly DOA Hyattaville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) d. STREET ADDRESS George's General Hospital 5114.70th Place retained the State B NAME OF Middle 4. DATE Month DECEASED OF 3 to the the September (Type or print) Joseph King Davis DEATH focused with the Pages 1, 2, and 3 to the line with form PM3. Page 5 may be rail permit. File pages 1 and 2 with the line are event within 72 pours effer I and 9 with the line are event within 72 pours. 6. COLOR OR RACE 8. DATE OF BIRTH SEX 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR | last birthday) Months 18, 1890 Male WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (State or foreign country) done during most of working life, even if retired) Retired Fisherman Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary Wilherson Charles Louis Davis 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or dates of service) Mrs. Agnes G. Meyer, same as No 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c), Office along w burial-transit per DEATH WAS CAUSED BY: Carcinoma of the left lung pencil IMMEDIATE CAUSE (a) This certificate should be **DUE TO** removal Conditions, if any, (b) "pending" geve rise to immediate ceuse o n DUE TO (e), steting the underlying certificate, writing the word "pendin, urded to the Chief Medical Examiner' XECTOR: Page 3 should be used as igent, prior to burial, cremation, or r cause last. ould be used cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 19. WAS AUTOPSY CERTIFICATION 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury In Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | MEDICAL EXAMINER: CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ' 20f. (City or town) fectory, street, office bldg., etc.) While Not While Hour e.m. please execute the certificate, will please execute the control of FUNERAL DIRECTOR: Particle designated agent, prior to at work et work D. m 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry Natural causes Accident Suicide Homicide [Undetermined manner death resulted from CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER 9/4/61 EXAMINER'S DEPUT NAME (Type) Address (Street, city, town, or county) James 2c. NAME OF CEMETERY OR CREMATORY 22e, BURIAL, CREMATION 22d. LOCATION (City, town, or country) REMOVAL (Specify) Joy Chapel 240 g 9/6/61 Hollywood, OH Burial 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR ADDRESS SEP 8 VS. A15ME W. Clarke Mattingley Leonardtown, Maryland

5M 9/60

Maryland

DATE

MA .. 1 W ...

(County)

e. IS RESIDENCE ON A FARM?

YES NO X

61 19

Year

IF UNDER 24 HRS.

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? NO X

> > (Stete)

and in my opinion

DATE SIGNED

(State)

U.S.A.

Arines Georges a af. inditor. Chorago and the control of the contr Prince Goor je's General Hospital Silie 70th Files Joseph Manne David Standard donact 137. 128, 1380 72 esida edus breigned barises namiddall Mery Milkereon Cherles Louis Devis Ers. Agnes G. Merer, come sa v S pand distend to mandanta-James I. Boyd

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A.B.IF

DIVISION OF STATISTICAL RESEARCH AND RECO PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH USUAL RESIDENCE (Where decessed lived, If institution 1. PLACE OF DEATH e. COUNTY b. COUNTY a. STATE PRINCE GEORGES MARYLAND DISTRICT OF COLUMBIA b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) write RURAL end give neerest town) ANDREWS AIR FORCE BASE 33 HOURS WASHINGTON filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS USAF HOSPITAL, ANDREWS AFB 2137 SUITLAND TERRACE 3. NAME OF DATE Month First Middle paper DECEASED OF comple CONNIE DEESE DEATH (Type or print) LOU carbon AGE (In years | IF UNDER 1 YEAR 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X DATE OF BIRTH last birthdey) pue FEMALE 1961 WIDOWED [18 SEPTEMBER DIVORCED event, 10a. USUAL OCCUPATION (Give kind of work physician 10b. KIND OF BUSINESS OR INDUSTRY remove 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) NONE NONE MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please ding MARVIN FARRELL DEESE KO PU YONG aften 16. SOCIAL SECURITY NO. 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address (Yes, no, or unkown) | (If yes give we rordetes of service) NO NONE FATHER 18. CAUSE OF DEATH [Enter only ona ceuse per line for (a), (b), and (c).] been signed by I. DEATH WAS CAUSED BY: physici IMMEDIATE CAUSE (e) burial-transit **DUE TO** attending Conditions, if eny, which (b) gava rise to immediate ceuse DUE TO (a), stating the underlying certificate has the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT CERTIFICATION hospital as 0 prior use 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) 2De. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH Po the IF EITHER, NOTIFY MEDICAL EXAMINER detached After 20c. TIME OF INJURY 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, ferm, ; 2Df. (City or town) Month, Day, Yeer fectory, streat, office bldg., etc.) Not Whila While Hour a.m. at work at work 4 may be retaine DIRECTOR: 3 esminalh (I) (this hospital) attended the deceased from 20 Sept. 1961, to 30 Sept. 1961, that (I) (we) last alive on 1961, and that death occurred at 18 M, from the causes and on the date stated above. 21. I certify that alive on go saw the deceased 22a. SIGNATURE ATTENDING MED PHYS. DIRECTOR PHYS. M.D. death. Page 4
O FUNERAL director, page 3 22d. ADDRESS 22c. PHYSICIAN' NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. REMOVAL (Specify) 一方の 0 D. C. Morgue Gremation 25a, REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE ADDRESS. 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 25 15M 9/60 DATE

2 2,50241XV5

Purcha admission

a. IS RESIDENCE

ON A FARM? YES NO X Dev Year

196 IF UNDER 24 HRS.

Months Days Min.

12. CITIZEN OF WHAT COUNTRY?

UNITED STATES

ONSET AND DEATH

SAME AS ITEM #2 INTERVAL BETWEEN

MARYLAND STATE DEPARTMENT OF HEALTH

THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) | 19. WAS AUTOPSY

PERFORMED? YES X NO To

(County)

(Stete)

22b. DATE SIGNED

23d. LOCATION (City, town or county)

arthur S. Kraus

CO HASCO

DUAL ROSELLAN, VALORENE VEN

SHEED LIGHT TO ETHIOD ... UNIVERSE

ELETAY SCHOOL

18 SEPTEMBER 1951

ALCOHOLOGICA STATE

The state of the s

er de la company de la company

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the fundral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PMS-Rage 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EVA MINIEDIC

	DOCA WEDIC	AL EXAMINER'S	CERTIFICA	IE OF DEATH	40502
1. PLACE OF DE	ATH			NCE (Where decessed lived, If ins	titution: Residence before edmission)
0. 0001411	Prince George	MARYLAND	e, STATE	b. COUNTY	Dadwas Commel
b. CITY OR TO	WN (if outside corporete limits,	c. LENGTH OF STAY IN 16		land (If outside corporete limits, write R	Prince George!
411	and give neerest town)	Dead on	Brentw		
d. NAME OF H	OVERLY OSPITAL OR INSTITUTION (if not i	n hospital, give street address)	d. STREET ADDRESS		I e. IS RESIDENCE
			3800 Bu	nker Hill Ros	ON A FARM?
Prince	George's Ger	neral Hospital	Last	4. DATE Month	Dey Yeer
DECEASED (Type or print)	Denise	Dorine Det	orie	OF DEATH Septemb	
5. SEX	6. COLOR OR RACE 7. M	ARRIED NEVER MARRIED X 8	B. DATE OF BIRTH	9. AGE (In years III	UNDER 1 YEAR IF UNDER 24 HRS.
Female	White WID	OWED DIVORCED	September	29/52 last birthday) N	onths Days Hours Min.
10a. USUAL OCCL	JPATION (Give kind of work 1	Ob. KIND OF BUSINESS OR INDUSTR	RY 11. BIRTHPLACE (Siet		12. CITIZEN OF WHAT COUNTRY?
None	of working life, eyen if retired)		District	of Columbia	W.S.A.
13. FATHER'S NAM	AE		14. MOTHER'S MAIDEN		
	Joseph Detor		Geraldi	ne Campbell	
15. WAS DECEASE	D EVER IN U.S. ARMED FORCES?		INFORMANT	Address	" 0
No		None Fr	ank Joseph	Deterie, sa	me as # 2
18. CAUSE	OF DEATH [Enter only one cause	per line for (a), (b), end (c).]			INTERVAL BETWEEN
PART I. C	PEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	Pneumonia			ONSET AND DEATH
744	/ DUE TO	1 IIV GIMOILLE			
Conditions, if		Amus Assut			
gave rise to im	mediate cause	Amyotonia			
(a), steting th					
Z PART II O	THER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	OT PELATED TO THE TERM	INIAL DISEASE CONDITION CIVEN	IN DART I VIOLANTAS AUTODON
	THE SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT INC	JI KELATED TO THE TERM	INAL DISEASE CONDITION GIVEN	PERFORMED?
5					YES NO
PRIMARY . o	r CONTRIBUTING [ESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pe	rt I or Part II of item 18.)	
20c. TIME OF			CE OF INJURY (Home, far. tory, street, office bldg., etc		(County) (Stelle)
W.		t work et work		1	
21. I certif	y that I took charge of the	remains described above, he	old an Autopsy .	Inspection . Inquiry	and in my opinion
death result	ed from: Natural causes	X. Accident . Suic			ner 🔲
-		1 1	CHIEF MEDICAL	EXAMINER	
ACTUAL SIGNATURE	James	- U. / Longe	M.D. ASSISTANT MED	DICAL EXAMINER	DATE SIGNED
EXAMINER'			DEPUTY MEDICA	AL EXAMINER	Sept. 26, 1961
NAME (Type)	P STATE T	BOYD, M.D.	Address (Street,	city, town, or county)	
22a, BURIAL, CREM. REMOVAL (Spe	cify)	22c. NAME OF CEMETERY OF		22d. LOCATION (City, town, or	country) (Slete)
SURIAL	. L8 JEPT. 190		T	WASHINGTON.	D, C.
23. FUNERAL DIRE	CTOR	ADDRESS	24e. RE	C'D BY REGISTRAR 246. REGIST	RAR'S SIGNATURE
KINALDI.	TUNERAL HEME	816 H J. N.E.	DC 2 DATE	SEP 28'61 an	Chur S. Kraus

The second secon 150 GO4 Periose George's Margiana taxenau abrida bookstreig . I no Book Prince George's General Rospital . 5500 Bunker Hill Hoad Denise Dorine Datewies September 98, Femnle Linite and Series Series Series action as action as a .A.E. T eidheled to Joins in edick Frank Joseph Lording Jr. - To Talling Company 3 to me earn , principul docent inege almofowma . Boot, RE, Lest AMERIA BOYD, N. D. BYNON I BENEAL

Item 18 Film 297 10-2-MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Prince George's Maryland Prince Georges MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ral director. write RURAL and give nearest town) Cheverly D. O. A. Seat Pleasant d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS Boal . IS RESIDENCE ON A FARM? Prince George's General Hospital retained the State B 6807 F Street YES NO TY 3. NAME OF 4. DATE ges 1, 2, and 3 to the function. Page 5 may be retained 1 and 2 with the Stain 72 hours after bear Month DECEASED (Type or print) Francia Howard DEATH Dore September 1819 6. COLOR OR RACE 7. MARRIED TEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) Months Devs Hours Male White WIDOWED DIVORCED May 26. 1922 39 yrs. 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Stella or fore an country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Pages Cashier Giant Foods pages 1 within Ohio U.S.A. PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME in pencil in Item 18. Give Charles Dore Sr Fie Unknown 15. WAS DECEASED EYER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address permit. (Yes, no, or unkown) | (Ifyesgivewarordatesofservica) with Mrs Betty Eileen Dore, 88 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] ir's Office along was a burial-transit premoval, and in a INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (e) certificate should be Ingestion of Salicylates Conditions, if eny, which "pending" gave rise to Immediate cause sase execute the certificate, writing the word "pending" should be forwarded to the Chief Medical Examiner's FUNERAL DIRECTOR: Page 3 should be used as a rits designated agent, prior to burial, cremation, or ren DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) | 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) UTY MEDICAL EXAMINER: PRIMARY | or CONTRIBUTING [] CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, 1 20f. (City or fown) Month, Day, Year (Steta) factory, street, office bldg., etc.) Not While Hour a.m. at work et work 21. I certify that I took charge of the remains described above, held an Autopsy 🛣 Inspection 🛣 Inquiry X and in my opinion death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE 9/18/61 DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) James I. Boyd DEP Address (Streat, city, town, or county) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or country) (Stete) REMOVAL (Specify) 240 p Arlington Ft Myer Burial Va 23. FUNERAL DIRECTOR 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME Lee Funeral Home, 300 4th N.E. Wash. D.C. DATE 5M 9/60 arthur & Kraus

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Frince Scores's state of Scores and

Cambes Lo dess .A. D.G .A. O.G

Eminor George's General Hoselfal 4807 1 Street

Vennier Fred Foods Orde

Min an auen jeroù menis vivel evi

MANY NOW TO IN OR SALES AND A CONTRACT OF THE SALE OF THE PROPERTY OF THE

STATE HEALTH DEPT

please execute the certificate, writing the word "pending" in pendil in Item 18. Give Pages 1, 2, and 3 to the funeral first page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

IO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. alay is necessary, IO DEFOIT MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If a

> VS. AISME 5M 9/60

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MARYLAND STATE DEPARTMENT OF HEALTH

10505

10531 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, if institution: Residence before admission)
• COUNTY Prince George's MARYLAND	o. STATE Delaware b. COUNTY Kent
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write KUKAL and give nearest town)
Riverdale l hour	Dover 46 x 2
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
Leland Memorial Hospital	974 South Govenors Avenue Ses No x
3. NAME OF First Middle	Last 4. DATE Month Day Yeer
(Type or print)	OF DEATH Contembor 07: 10 61
	owd Jr Beatember 23, 19 61 DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR (IF UNDER 24 HRS.
	last birthday) Months Days Hours Min.
Male White WIDOWED DIVORCED	July 27, 1900 61 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Contractor Construction	Massacheusetts U.S.A.
Fred E. Dowd	Alexinia Smith
15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1	NFORMANT Address
(Yes, no, Mronkown) (If yes give wer or dates of service) ALC4-18-1639	
1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	land P. Trader, Dover , Delaware
PART I, DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Coronary occ	lusion
4.20.1 DUE TO	
Conditions, if any, which) (b) Coronary art	env diceoce
gave rise to immediate cause	oly alboabo
(a), steting the underlying cause last.	
	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
<u>—————————————————————————————————————</u>	PERFORMED?
20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (8	inter nature of injury In Pert I or Pert II of item 18.)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 208. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 208. DESCRIBE HOW INJURY OCCURED. (ED.)	nter nature of injury in Petr I of Petr II of Item 18.)
	CE OF INJURY (Home, farm, 20f. (City or town) (County) (Steta)
Hour a.m. B.m. 19 While Not While at work at work	ory, street, office bldg., etc.)
21. I certify that I took charge of the remains described above, he	Id an Autopsy Inspection Inquiry I, and in my opinion
death resulted from: Natural causes Accident , Suici	
	CHIEF MEDICAL EXAMINER
SIGNATURE JAMES IN DONN	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
EXAMINER'S	DEPUTY MEDICAL EXAMINER X 9/24/61
NAME (Iype) James I. Boyd	Address (Street, city, town, or county)
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF	
REMOVAL (Specify) 9-27-1961 MICONTY	amity atlanta de
23. FUNERAL DIRECTOR. ADDRESS	emelery (Chanta Siongue)
11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1
111/1 01 1. 501 01/1 1/2 1/5	Md DATE SEP 27'61 arthur & Kraus

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1924 South Joyenore Avenue 199

6.Set 1 ==

Ken

Frederick Charles Dowd Jr Beptember EG,

July 89, 1800 81

Sufficient, Tomor, Dover, Date , Delaune

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command wearen whaten

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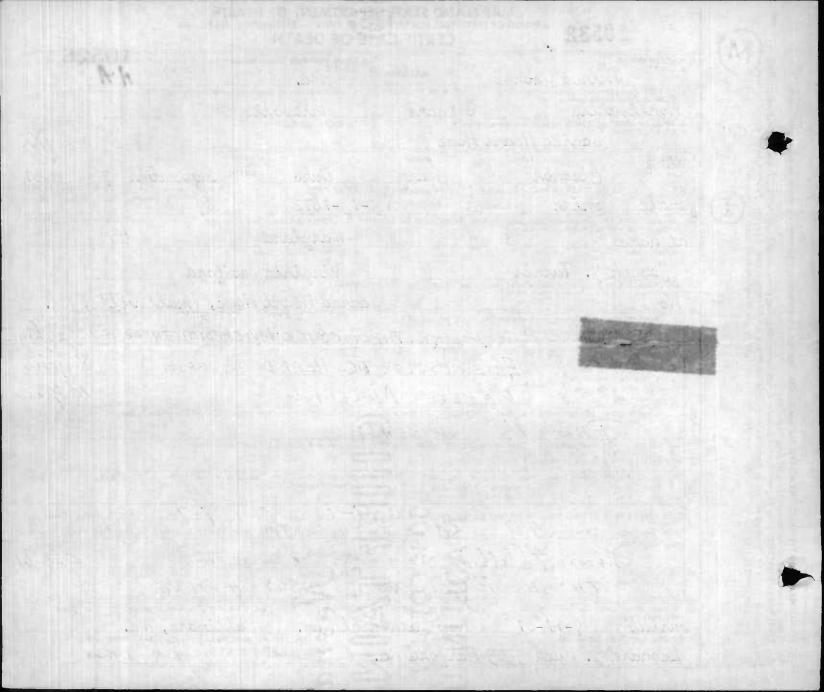
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VR ATS (4) TSM 9/59

10532

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

	CDIX I II I O		-		AFAA	
1. PLACE OF DEATH O. COUNTY Prince George	MARYLAND	2. USUAL RESIDENCE (W		. If institution: Resided	1.A.	ion)
	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate lin	nits, write RURAL and	give nearest tawr	1)
Hyattsville	8 years	Annapo	rlis			
d. NAME OF HOSPITAL (If not in hospital, give street a OR INSTITUTION Sacred Heart	11	d. STREET ADDRÉSS		6.110	e. IS RES ON A YES	FARM?
		1	T	03/11	-	740
3. NAME OF DECEASED (Type or print) Leanor	Middle Maru	Duke	4. DATE OF DEATH	Manth entember		Year 19 61
S. SEX . 6. COLOR OR RACE 7. MARRI	ED NEVER MARRIED	B. DATE OF BIRTH	9. AG		R TYEAR IF UND	ER 24 HRS.
female white WIDOWER	DIVORCED	5-13-1872	0	yrs.	Doys Hours	Min.
Toa. USUAL OCCUPATION (Give kind of work dane 10b. K during most of working life, even if retired)	LIND OF BUSINESS OR INDI	JSTRY 11. BIRTHPLACE (Stote	1	12.CIT	TIZEN OF WHAT O	OUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN		10	13/1	
Joseph J. Turner		Virgini	. 11	nd		
	OCIAL SECURITY NO. 17.	INFORMANT	0	Address		
(Yes, no, or unknown) (If yes, give war or dates of service)		Sacred Hear	et Home,	Hyattsvi	lle, M	d.
18. CAUSE OF DEATH [Enter only one cause per line	e for (a), (b), and (c).]				INTERVAL BE	
PART I. DEATH WAS CAUSED BY:	ONARY TH	ROMBOSIS C	MUNCAPD	IAL INFAR	ONSET AND	5 Chi
IMMEDIATE CAUSE (o) COR		1100010	11700111,20	7792 00 1777110		
77-		OTIC HEAR	T Die	-00=	8,	
Gonditions, if y, which gove rise to immediate (b)	FRIOSCLER	OTIC HEAR	1 1/20	FASE	0 1	K-LL-O
cause (a), stating the under-		1			10	1.
lying cause last. (c)	BETES /	ELLITUS			16	jear
PART II. OTHER SIGNIFICANT CONDITIONS CO		T NOT RELATED TO THE TERM	AINAL DISEASE CON	DITION GIVEN IN PAI	PERFC	AUTOPSY ORMED?
20a. ACCIDENT WAS UNDERLYING 20b. DESC		ED. (Enter nature of injury in	Part I or Port II of	tem 10 \	163	140 []
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	KIBE HOW INJURY OCCUR	ED. (Enter nature at injury in	Fant For Fant II at	nem 10.)		
S 20c. TIME OF INJURY Month, Doy, Year 20d. IN		LACE OF INJURY (Hame, for		wn) ((Caunty)	(Stale)
ZOc. TIME OF INJURY Month, Doy, Year 20d. IN Hour a.m. While at wark	IAOI WILLE	octary, street, affice bldg., et	(c.)			
		77 1	2 /	, my	1 1	
21. I certify that (I) (this haspital) attended	ed the deceased fram	7-/	953, ta_9	- / 194	2_, that (I) (we) last
saw the deceased alive an 9-1	19 4 , and that	death accurred at Z	2M, fram the a	causes and an th	e date stated	abave.
22a. SIGNATURE	2	/			22	b. DATE
Thomas 7 (ell	lus	M.D. PHYS.	MED. STA	YS.	G	SIGNED
22c. PHYSICIAN'S NAME (Type) THOMAS 1-	- COLLINS	22d. ADDRESS	2-H-3	MNE		
23o. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d LOCATION (City, lown, ar caunty)	(Stat	te)
REMOVAL (Specify)	NI CII	111	01,.	An 1	(Sidi	01
ourial 9-11-01	New (athe	dral (em.		nore, Illd.	IOLIATUS.	
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		C'D BY REGISTRAR	25b. REGISTRAR'S SI	1 -	
Leonard L. Ruch 5305	Hantond Ka	DATES	EP 13'61	Circhus &	Thous	



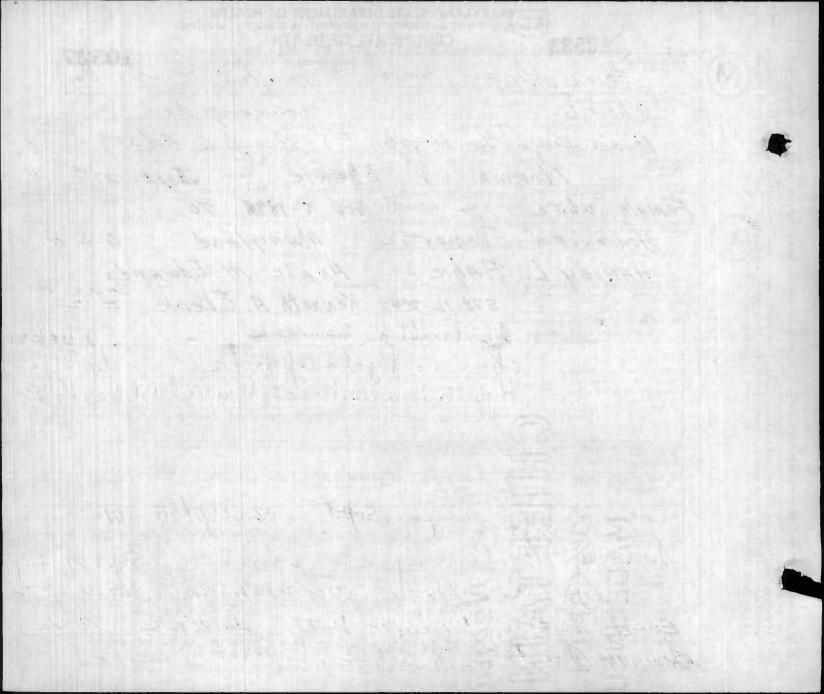
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MARYLAND	STATE	DEPARTMENT	OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

	Ttem 67	07-10/3/61 mh	- LOFAIN
1		2. USUAL RESIDENCE (Where deceased lived. If	
L	Treuce Georges MARYLAND	Maryland	COUNTY Pr. Leo.
	b. CITY OR TOWN/If outside corporate limits, write c. LENGTH OF STAY IN 1b RURAL and give nearest tawy	c. CITY OR TOWN (If jourside corporate limits	, write RURAL and give nearest town)
	Chererlay	morningi	de A
V	d. NAME OF HOSPITAL (If not in haspital, give street oddress) OR INSTIPUTION	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
L	Thence George Sen. Hospital	#7- Beauford	RUSE YES NO DE
3	3. NAME OF First Middle	Lost . 4. DATE	Month Doy Yeor
	(Type or print) NORMA V. E	here OF DEATH	Jest. 27 1961
S	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B.	DATE OF BIRTH 1890 9. AGE (
	Female white WIDOWED DIVORCED []	NOV, 5-1898 70	orthday) Manths Doys Hours Min.
10	10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTI during most/of working life, even if retired)	RY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
1	Housewife Domestic	MARYIAND	4.5.A.
13	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	HARVEY L. BAHR	ANNIE M.E.	durrds
		ORMANT	Address SAD & AS
1	(Yes, no. or unknown) [If yes, give war or dates of service] 578-12-2947	Kenneth A. Ebe	ple # 2
F	1B. CAUSE OF DEATH [Enter anly one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: Solemid	Seulel	ONSET AND DEATH
	443X DUE TO D	0 10-	0
	Canditians, if any, which) bi Carouse 14	elouptrute	(0-0 4/22
	gave rise to immediate DUE TO DUE TO	- + 1 1 10 10	Park 1 1 Terr
	lying cause lost. (c) Therefore (c)	arterioselle	EMANUAL AS LIKE OF
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDIT	TION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
TAN	PART II. OTHER SIGNIFICANT CONDITION (CONTRIBUTING TO DEATH BUT N		YES NO
DTIE	206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURRED. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter noture of injury in Port I ar Part II af iten	n 1B.)
101	- facility	CE OF INJURY (Home, form, 20f. (City ar town)	(County) (State)
1271	Haur o. m. P. m. 19 Of work Of wark Of wark	and stage, stage	
	21. I certify that (I) (this haspital) attended the deceased fram.	int 1850 to 50/2	19 (1) (hat (1) (we) last
	saw the deceased alive and that de	ath accurred at M. fram the cau	uses and an the date stated above.
	22a SIGNATURE		22b.DATE
	Heavy 20 Joury M	D. PHYS. STAFF PHYS.	D SULT 27 196
	22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS	
L	(Sidney W. Lowish	7200 marlbon Pet.	2 SE Dartrut stall Me
2	23a. BURIAL, CREMATION, 73b. DATE THEREOF 23c. NAME OF GEMETERY OR	CREMATORY 23d. LOCATION (City	(Stote)
	Berried 9-30-61 Washington	Wall Suite	and my
2	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	ATTENDED	Sb. REGISTRAR'S SIGNATURE
L	December 120. 10 11 11 15 15	DATE SEP 2 9 '61	arthur & House



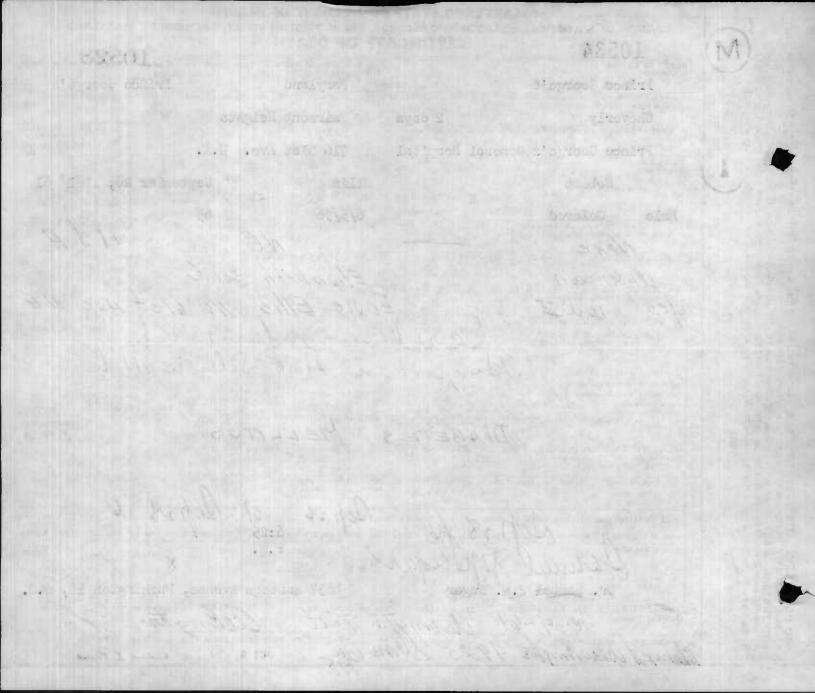
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

10534 CERTIFICA	ATE OF DEATH
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where daceased lived, If institution Residence before edmission)
a. COUNTY	6. STATE b. COUNTY
Prince George's MARYLAN b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN	112100 000180 0
write RURAL and give neerest town)	C. CIT OK IOWN (if outside corporete limits, write KOKAL and give nearest lown)
Cheverly 2 days	Fairmont Heights
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d, STREET ADDRESS 6. IS RESIDENCE ON A FARM?
Prince George's General Hospital	716 61st Ave. N.E. YES □ NO [X]
3. NAME OF First Middle	Last 4. DATE Month Day Year
(Type or print) Robert	Ellis OF DEATH September 28, 1961 61
5. SEX 6. CÓLOR OR RACE 7. MARRIED NEVER MARRIED	EIIIS September 28, 1961 61 1 8. DATE OF BIRTH 9. AGE (In years F UNDER 1 YEAR IF UNDER 24 HRS.
	last birthday) Months Days Hours Min.
Male Golored WIDOWED DIVORCED 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDI	USTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)	USIKI II. BIKITIFEACE (COUNTY & STATE) OF THE COUNTY OF TH
None	N.C USA.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Elizabeth Sond
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 (Yes, no or upkown) (Ifyesgivewerordalasofsarvica)	17. INFORMANT Address
UES INWILL	DUIC Ellis 716 6/27 AUC N.E
8. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	rae march Cl. ONSET AND DEATH
2/42/ DUE TO A I	
101 11777	ens Ask Jelesste HA He
gava rise to immadiata causa	2103-1111
(e), steting the undarlying DUE TO	
causa last. (c)	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	PERFORMED?
	MELLITUS YES IN NO
20a. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OCCIDENTIAL CAUSE OF DEATH OR CONTRIBUTING ☐ CAUSE OF DEATH URLE EITHER, NOTIFY MEDICAL EXAMINER)	URED. (Enter natura of injury in Part I or Part II of Item 18.)
(IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e	. PLACE OF INJURY (Homa, farm, '20f. (City or town) (County) (State) factory, straet, office bldg., etc.)
20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e Whila Not While et work et work et work	A .
21. I certify that (I) (this hashital attended the deceased from	om (10) 196/, to (11) 7) 196/, that (1) (we) last
	that death occured at 6.225, from the causes and on the date stated above.
saw the deceased alive on 22a. SIGNATURE	mar deam occured all 2.b., from the plauses and on the date stated above.
228. SIGNATURE OF THE LANGE	ATTENDING MED. STAFF SIGNED
22c. PHYSICIAN'S	M.D. PHYS. DIRECTOR PHYS. 22d. ADDRESS
NAME (TypDr. Samuel J. N. Sugar	4637 Eastern Avenue, Washington 18, D.C.
PEMOVAL (Specify)	TERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
10-4-61 Uslings	in the cumque to
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Henry J. Williams for 4723 /can	DATE OCT 4 '61 Chilun S. Thank
	116

funeral within 24 hours after TO HOS LAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours death, page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 is be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4)

15M 9/60



FOR STATE HEALTH DEPI

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the fund ald iterctor. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM9-Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit, Fife pages, and 2 with the State Board of Heathe, or its designated agent, prior to burial, cremation, or removal, and in any event that I hours after death.

VS. A15ME SM 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 10535

<		LACE OF DEATH COUNTY	2. USUAL RESIDENCE (Where dacaesed lived, If institutor Residence before edmission)
1		Prince George's MARYLAND	Maryland Prince George's
7	ь.	CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)
		writa RURAL end give nearast lown) Cheverly Dead on arrival	(6) 33-1 44
-	d.	NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS •. IS RESIDENCE
7		Detuce decomple denom 1 Heart + 1	ON A FARM?
1 0	3 N	Prince George's General Hospital	1 3602 Longfellow Street YES NO K
	DI	ECEASED	OF
2		Julia Marie	Facer September 2, 1961
	5. SE	EX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED E	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.
1	F	Temple White WIDOWED DIVORCED 1	December 23,1889 71 yrs. Months 23,1889
	10a.	USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTR	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	-		Washington, D.C. USA
	13. F.	Examiner Bur. Engraving	14. MOTHER'S MAIDEN NAME
	10	Fordinand Estler	Julia Newman
-	15. W	rerdinand Estler WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
-	(Yas,	no, or unkown) (Ifyesgivawarordatesofservica)	10
=	1 13	NO NONS NO JI	ulia L. Yeabower Same as #2
		PART I. DEATH WAS CAUSED 8Y-	ONSET AND DEATH
		IMMEDIATE CAUSE (a) Acute Conges	tive Heart Failure
		T 4 3 DUE TO	
		Conditions, if any, which \ (b) Hypertensive	heart Disease
		gave rise to immadiate causa (e), stating the underlying DUE TO	
		causa last.	
- 1	z =	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
	CATION	Obserter Wederland about 4	On nound a YES NO R
	일 <u>-</u>	Obesaty Weighed about 4 208. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURED. ((Entar natura of injury in Part II of item 18.)
		PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	
- 1			ACE OF INJURY (Home, farm, ' 20f. (City or town) (County) (Stata)
	MEDICAL		ctory, streat, office bldg., atc.)
	¥	p.m. 19 at work at work	
	2	21. I certify that I took charge of the remains described above, he	eld an Autopsy . Inspection . Inquiry . and in my opinion
	C	death resulted from: Natural causes 🔀. Accident 🔲, Suic	cide, Homicide, Undetermined manner
		Λ	CHIEF MEDICAL EXAMINER
		ACTUAL SIGNATURE SALVES). 1 22	ASSISTANT MEDICAL EXAMINER DATE SIGNED
2			DEPUTY MEDICAL EXAMINER X September 2, 1961
4		JAMES I. BOYD, M.D.	Addrass (Straat, city, town, or county)
		BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY O	
		REMOVAL (Spacify) Burial 9/5/61 Fort Lincoln	Comptons Riedonohuma Manufand
1		Burial 9/5/61 Fort Lincoln FUNERAL DIRECTOR ADDRESS Wash.,	Cemetery Bladensburg Maryland D. C. 240. REC'D 8Y REGISTRAR 24b. REGISTRAR'S SIGNATURE
		Walter W. Deal Funeral Home 4812 Ga. A	AND III to do
		narcer we bear runerar nome 4012 Ga. A	ve. N. W. DATTEP 5 '67 arily S. Kroue

CONTRACTOR OF THE PARTY OF THE ESTE -Prince Generale Alanytand Prince George Cheverly designed Eyettsville Prince Occres a seneral Hospital 3602 Long tellow Street Julia Racto Facer September S, Hell. Female Wilte x 2000 Coccomm at 1888 Vi Light Sur. Surevine Hashington, D.C. USA general etful Teroland Santorel No Julie L. Yoshower Bene as #2 surling dress sylleganol stuck Everytensive heart Disease e bruper COA Jande La tateM vyasonO TENT SENTENCE TO THE SE JAMES I. BUIL, M.D. allegated to the first the first to the control of Liter W. Hoof Superst Hoos well in Lyan H. V. Halle S. Co. Code A Road

FOR STATE **HEALTH DEPT** TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any it is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18, Give Pages 1, 2, and 3 to the fundral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Fielth, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 fours after death. VS. A15ME

5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

_	10535 MEDICAL EXAMINER	S CERTIFICATE OF DEATH	10520
• 1	PLACE OF DEATH •. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If in	
. -	Prince George's MARYLAND		cince George's
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)	c. CITY OR TOWN (If outside corporete limits, write	RURAL and give nearest town)
-	Cheverly d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	Washington, 28 D.	
4		d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
3	Prince George's General Hospital	7340 Walker Mill Ros	Dey Yeer
	DECEASED (Type or print)	OF	
5	S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	Faunce, Sr Septer	
	Male White WIDOWED DIVORCED	August 10, 1906 55rs.	Months Deys Hours Min.
10	0a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	STRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Mechanic Automobile	Maryland	USA
1	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
1	Conrad Faunce S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	Emma Goddard	
C	Yes, no, or unkown) (Ifyes give weror detes of service)	. INFORMANT Address	
-	NO None 577-03-8846 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	Baulah M. Faunce Same	as #2
	7	LEART	ONSET AND DEATH
	420.1 DUE TO 0	0	
	Conditions, if eny, which \ (b) EUERE OCCLUS	SIVE CORONARY ATHEROS	TEROSIS
	geve rise to immediate cause (e), stating the underlying DUE TO		
-	cause lest. (c)		19
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVE	PERFORMED?
	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED.	. (Enter neture of injury In Pert I or Pert II of item 18.)	YES X NO 1
C. F.	PRIMARY Or CONTRIBUTING CAUSE OF DEATH.		
MEDICAL	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. P	LACE OF INJURY (Home, ferm, 20f. (Cily or town)	(County) (State)
WED	Hour e.m. While Not While p.m. 19 et work et work	actory, street, office bldg., etc.)	
	21. I certify that I took charge of the remains described above,	held an Autopsy 🔀 Inspection 🗶 Inquiry	x, and in my opinion
	death resulted from: Natural causes X, Accident . Su	ricide, Homicide, Undetermined ma	nner 🗌
	1 2 2	CHIEF MEDICAL EXAMINER	
T	SIGNATURE Comer 1 2000	M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED
	EXAMINER'S NAME (Type) JAMES I. BOYD, M.D.	Address (Street, city, town, or county)	Sept. 8, 1961
22	REMOVAL (Specify)	OR CREMATORY 22d. LOCATION (City, town,	or country) (State)
1	Junial 1-11-1961 Kedan,	Hill Suitlas	al mx
1	ADDRESS 131-		TRAR'S SIGNATURE
	Plantakin II (PMI I I I I I I I I I I I I I I I I I I	6 baseP 13'61 arthu	1 4. 10000

Erince Decreed a Land Mangland Bring Grangita . ded as the form of the Prince George's Gameral Hospital 2541 Whiter Mill Bond. Corpus Elmer Penace, Sr. | September 8, - 61 -new etian eilen August 10, 1900 Bean Automobile Nervising December 10 to 10 Some Degree io . France Some Strange Same sa es Dear, B. Line. JAMES I. HOYD, N.D. の いまれば (本を記り) からかり

FOR STATE **HEALTH DEF** TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any y is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the furerial director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1053 TAEDICAL EXAMINER'S CERTIFICATE OF DEATH

1000

						10033
1,	• COUNTY Prince Geo				d lived, If institution: Re	sidence before edmission
1	b. CITY OR TOWN (if outside corporete limits,	c. LENGTH OF STAY IN 16			limits, write RURAL end	<u> </u>
Y	write RURAL end give neerest town) Cheverly	DOA	W ashir		Ilmiis, Write KUKAL end	give neerest town)
12	d. NAME OF HOSPITAL OR INSTITUTION (if n		d. STREET ADDRESS	-		I . IS RESIDENCE
1	Prince George's Ge	neral Hospital	1326 G S1	treet N.	E.	ON A FARM?
3.	NAME OF First	Middle	Last	4. DATE	Month	Dey Yeer
_	(Type or print) Alonza		rguson	DEATH	Sept 19	17
	Mare Negro "	MARRIED NEVER MARRIED 8	. DATE OF BIRTH			EAR IF UNDER 24 HRS. Bys Hours Min.
10 d	a. USUAL OCCUPATION (Give kind of work one during most of working life, even if retired)	106. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stell	o or foreign country)	12. CITIZ	EN OF WHAT COUNTRY
	Laborer	Construction	Virginia	a.	U.S	3. A.
13	. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME		
	Unknown		Unknown	1		
	. WAS DECEASED EVER IN U.S. ARMED FORCES es, no, or unkown) (Ifyesgive were releasefservi		NFORMANT		Address	
	No	M	rs Mamie H	Perguson.	same as	# 2
	18. CAUSE OF DEATH [Enter only one can	use per line for (e), (b), end (c).]		0.00	Dean C.D	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	Acute congest	ine heart	failung		ONSET AND DEATH
	H H DUE TO	nouse congest	TAG HEST 0	Tarrare		
	Conditions, if any, which (b)	Candiana and	m			
	geve rise to Immediate couse	Cardiovascula	r rengt di	Lsease	-	
	(e), stetling the underlying DUE TO					
z	PART II. OTHER SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERM	INAL DISEASE COND	ITION GIVEN IN PART	(a) 119 MAS AUTODEY
일				The District Comp	INON GIVEN IN FART	PERFORMED?
FICA	20a. EXTERNAL CAUSE WAS 20b.	DESCRIBE HOW INJURY OCCURED. (E	nter nature of Infrary In De	Aller Deat Heat to a	10.1	YES NO
L CERTIFICATION	PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	Discribe NOW Mooks Occord. (E	niel nerule of infuly in re	in I or sen if of item	0.)	
MEDICAL	20c. TIME OF INJURY Month, Dey, Yeer Hour e.m. 19		CE OF INJURY (Home, far. pry, street, office bldg., etc.		wn) (Count	y) (State)
	21. I certify that I took charge of the	he remains described above, he	ld an Autopsy .	Inspection .	Inquiry X	and in my opinion
	death resulted from: Natural cause	es 🙀 Accident 🔲, Suici	de, Homicide	Undeter	mined manner	
	0		CHIEF MEDICAL	_		
	ACTUAL SIGNATURE Variage 9	Bond	ASSISTANT MEL	DICAL EXAMINER		
	DIGINATURE N					DATE SIGNED
	1		M.D.	L EXAMINER	9/19/6	
	NAME (100) James I.	Boya	DEPUTY MEDICA	AL EXAMINER A	9/19/6	
22	NAME (TOPO) James I.	Boyd 22c. NAME OF CEMETERY OR	DEPUTY MEDICA Address (Street,	city, town, or county		
	NAME (Topo) James I.	22c. NAME OF CEMETERY OR	DEPUTY MEDICA Address (Street, CREMATORY	city, town, or county) City, town, or country)	31
J	BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY OR	Address (Street, CREMATORY Bt Church	city, town, or county 22d. LOCATION (Farmville) City, town, or country)	(State)
	o. Burial, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY OR Calvary Bapti	DEPUTY MEDICA Address (Street, CREMATORY Bt Church 24a. RE	city, town, or county 22d. LOCATION (Farmville	City, town, or country) Virginia	(Store)

TEACH IN THE PARTY OF THE PARTY a (agross solites nld wind to Jointele wi Timos depres degeral Ros Neel disse de Street H.M. Theta Time I trostalast Tettoonal Mrs Manie Forguson, cand on w soute compactive sent feature remarks famou Malucasvolbusco 19/8/0/8/ -- 2 Jenes I. soyd A STATE OF THE PARTY OF THE PAR

MARYLAND STATE DEPARTMENT OF HEALTH

e. IS RESIDENCE ON A FARM?

YES NO V

1961

IF UNDER 24 HRS.

Yeer

Dey

18

12. CITIZEN OF WHAT COUNTRY?

UNITED STATES

INTERVAL BETWEEN

ceaus

YES X

(County)

PERFORMED?

NO F

(Stete)

22b. DATE

61

(Stata)

SIGNED

15M 9/60

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DE (Typ 5. SEX 10a. U done g 13, FA

15. W (Yes, no 1B

22a. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)

MEDICAL CERTIFICATION

FOR STATE	
HEALTH DEP	Į
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TO DEFO.T MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If and is y is necessary, if please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the trineful director. Page 7 of \$\frac{6}{2} \frac{7}{2} \frac{6}{2} \frac{7}{2} \frac{7}{2} \frac{1}{2} 1	
JW Alon	

	YLAND STATE D		EALTH	TO PERSONAL PROPERTY.
Division of STATISTICAL RESEA				MARYLAND
70003	L EXAMINEK 3	CERTIFICATE C	OF DEATH	10522
PLACE OF DEATH •. COUNTY			here deceased lived, If institution	Residence before admission)
Prince George	3 MARYLAND	. STATE Maryla	and b. COUNTY Pr	ince George's
b. CITY OR TOWN (if outside corporate limits, write RURAL end give neerest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside	la corporete limits, write RURAL e	
Cheverly	DOA	Chapel C	aker	
d. NAME OF HOSPITAL OR INSTITUTION (if not in he	ospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Prince George's Gener	cal Hospital	5800 Linde	n	YES NO
NAME OF First DECEASED	Middle	Last 4. D.		Dey 5 Year
(Type or print) Louella V	V. Fr		September September	er 15 19 61
SEX 6. COLOR OR RACE 7. MARR	ED NEVER MARRIED 8	. DATE OF BIRTH	9. AGE (In years IF UNDER	
Female Colored WIDOW	ED DIVORCED	October 2.19	Monins	Days Hours Min.
ne during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or forei		TIZEN OF WHAT COUNTRY?
Housewife	Own home	Georgea		U.S.A.
FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Unknown		Mandy Wyck		
WAS DECEASED EVER IN U.S. ARMED FORCES? 16	. SOCIAL SECURITY NO. 17. 1	INFORMANT	Ad dress	
No		arles L. Free	man, same a	s # 2
18. CAUSE OF DEATH [Enter only one cause per	line for (a), (b), and (c).]			INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	cute congest	tive heart fai	.lure	ONSET AND DEATH
442X DUE TO				
	Jardiovascula	er renal disec	ese	
gave rise to immediate cause (e), stating the underlying DUE TO				
cause lest. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DIS	EASE CONDITION GIVEN IN PAR	
				PERFORMED? YES NO
20b. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	RIBE HOW INJURY OCCURED. (E	Enter nature of injury In Pert I or Pa	ert II of item 18.)	XX
20c. TIME OF INJURY Month, Dey, Year 20d. Whi hour e.m. 19 at wo	leNot While fect	CE OF INJURY (Home, farm, 20f ory, street, office bldg., etc.)	. (City or town) (Co	unty) (State)
21 I certify that I took sharps of the re-	mains described above he	ld an Autoney Inches	etion D. Insuitus D	and in any anistra

Undetermined manner Natural causes Suicide | death resulted from: Accident Homicide CHIEF MEDICAL EXAMINER

ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S James I. Boyd NAME (Type)

Address (Street, city, Iown, or county) 22c. NAME OF CEMETERY OR CREMATORY (State)

Onthun S. Krous ,

9/13/61

perfect Locard Charles Consol Frince Deorge's General Magait S . Send Linner Loughly S. Process Records From the Section of the Te place to the second of the pairtond anoneme ative out No Oberles L. Freeden, cone ne W 2 audital Freed evidesande siuch Cardiovascular ranal dissevolbras

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TO HOSP. It OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely miled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed

VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before e. STATE b. COUNTY

				10004
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE	(Where deceesed lived, If in b. COUNT)	stitution: Residence before edmission)
Prince George's	MARYLAND	Maryland		Prince George's
b. CITY OR TOWN (if outside corporate limits, write RURAL end give neerast town)	c. LENGTH OF STAY IN 16			RURAL end give neerest town)
Cheverly	1 day	Hyattsvi;	מו	
NAME OF HOSPITAL OR INSTITUTION (if not in h	ospital, give street address)	d. STREET ADDRESS	TTG	e. IS RESIDENCE
/		1 1000 0		YES NO
Prince George's General Report First	Cal Hospital	1 4503 Bur.	Lington Rd.,	Dey Yeer
DECEASED	Middle	4.	OF	
(Type or print) Jessie	Ga	allaher	September September	er 11 19 61
5. SEX 6. COLOR OR RACE 7. MARE	RIED NEVER MARRIED B	. DATE OF BIRTH	9. AGE (In years II	Months Deys Hours Min.
Female white WIDOV	VED DIVORCED	8-8-11	50 yrs.	Normal Seys Hools Mill.
1De. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County 8	State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Clerk Drug	Store		rginia	U S A
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA		
Walter Gorden		Lydia Rayno	lds	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 11 (Yes, no, or unkown) (Ifyes give wer or detes of service)	S. SOCIAL SECURITY NO. 17.	INFORMANT	Address	
no		Lydia Gorden	Hyattsvill	e. Md.
18. CAUSE OF DEATH [Enter only one course pe				INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	s cin ion	atosis		ONSET AND DEATH
1711	,			
DUE TO	a at cen	14ins		2-44020
Conditions, if any, which (b)	or of or	4		
(e), steting the underlying DUE TO				
ceuse last. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL	DISEASE CONDITION GIVE	N IN PART 1(e) 19. WAS AUTOPSY PERFORMED?
3				YES NO
OR CONTRIBUTING CAUSE OF DEATH	ESCRIBE HOW INJURY OCCURED). (Enter nature of injury in Pert	I or Pert II of item 1B.)	
ZDc. TIME OF INJURY Month, Dey, Yeer 2Dc. Hour a.m. Wh		CE OF INJURY (Home, ferm, tory, street, office bldg., etc.)	20f. (City or lown)	(County) (Slala)
p.m. 19 et w	ork et work			
21. I certify that (I) (this hospital) atte	ended the deceased from.	10 40	10	, 19, that (I) (we) last
	/			nd on the date stated above.
228. SONATURE	tems	ATTENDING PAID	STAFF	22b. DATE SIGNED
sayon ou ac	M		CTOR PHYS.	/ / /
22c. PHYSICIAN'S NAME (Type) A VTA A	1 WATKI	22d. ADDRESS 63	18 am	Janles RA
1 737.070		00 00000	COSTUPION (S)	
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY		3d. LOCATION (City, town	
Burial Sept 14, 19			Colmar Mano	
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25e. REC'D		STRAR'S SIGNATURE
F. Gasch's Sons Hyatt	sville, Md.	DATE	men - O I	7- Thur S. KINDA

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. Mach's cons Bystavelle, MA.

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DIVISION OF STATISTICAL RESEARCH CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decaesed lived, If instituti MARYLAND by th b. CITY OR TOWN (if onlyide corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give near sy town) c. LENGTH OF STAY IN 16 deal .= 6 a GI Pages Pe d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Middle complete DECEASED DEATH (Typa or print) 9. AGE (In years | IF UNDER 1 YEAR 5. SEX last birthdey) 10a. USUAL OCCUPATION (Give kind of work physicia done during most of working life, even if retired) ainerd ired arme 13. FATHER'S NAME please aftending Unknown Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT (dahti) Address (Yes, no, or unkown) | (If yes give wer or detes of service) 1B. CAUSE OF DEATH [Enter only one cause par line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY: physic IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which geve rise to immediate ceuse DUE TO (a), stating the undarlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH certificate as of use prior 200. ACCIDENT WAS UNDERLYING TI 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 1B.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) Month, Day, Year factory, street, office bldg., etc.) Whila Not Whila Hour e.m. et work et work may be retaine DIRECTOR: 21W Certify that Wethis hospital) attended the deceased from......9 - 3....... saw the deceased alive on... 22a. SIGNATURE ATTENDING MED DIRECTOR PHYS. death. Page 4 I PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type)Ronald 2nd Lanham. Md. director, l 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Ft. Lincoln Cemetery Prince Georges County, Md. buria 2901 ADJRESTH St. 250. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) The S.H. Hines Co. Washington 9, D.C.

15M 9/60

STREET, BALTIMORE 1, MARYLAND

DATE SEP 2 6 '61

a. IS RESIDENCE ON A FARM? YES NO

IF UNDER 24 HRS.

Hours

ONSET AND DEATH

PERFORMED?

(County)

..., 19 6. (, that (1) (we) last

NO .

(Stata)

22b. DATE

(State)

SIGNED

12. CITIZEN OF WHAT COUNTRY?

Months

19 . m. 1980 . m. 4980 . . The control of the THE THE PARTY OF T THE SAME AS A STATE OF STATE O TO HOSY IL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after \$\frac{\pi}{2} \frac{\pi}{2} \text{death}\$. Page 4 may be retained by the hospital or attending physician.

\(\frac{\pi}{2} \frac{\pi}{2} \text{TONERAL DIRECTOR:} \) After this certificate has been signed by the attending physician and completery filled in by the funeral and director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 10542 CERTIFICATE OF DEATH

10500

		TOOO
1. PLACE OF DEATH a. COUNTY		ed lived, If institution: Residence before edmission)
Prince George MARY	LAND 8. STATE Mary land	b. COUNTY P
b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STA		limits, write RURAL end give nearest town)
write RURAL and give neerest town)	45 15 Mitchelvi	110
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street addr		a. IS RESIDENCE
Madison Manor Nursing Hov	uelri	ON & FARM?
5801 42 no Ave	Enterpris	
3. NAME OF First Middle DECEASED	Last 4. DATE OF	Month Dey Yeer
(Type or print) , Marguerite A. Gauth	DEATH	Sept. 4 1961
5. SEX 6. COLOR OR NACE 7. MARRIED NEVER MARRIE	D B. DATE OF BIRTH 9. AG	E (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	3 7 103	Months Deys Hours Min.
	INDUSTRY 11. BIRTHPLACE (County & Stete, or foreign	
done during most of working life, even if retired)		
Housewife Own Home	France	U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
IUnk. Cotin	Louise Cotin	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY N	O. 17. INFORMANT	Address
(Yes, no, or unkown) (If yes give we rordates of service) no none	Retirate Para	
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c)	Talleuls (Ccol	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	1 Dalas:	ONSET AND DEATH
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	H BUT NOT RELATED TO THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(a) 119. WAS AUTOPSY
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAT 208. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OCCURED, (Enter nature of injury in Pert I or Pert II of it	em 1B.)
20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED	20e. PLACE OF INJURY (Home, farm, 20f. (City or to	own) (County) (State)
Hour a.m. While Not While	fectory, street, office bldg., etc.)	
	10	Links will a const
21. I certify that (I) (this hospital) attended the decease	-44	1967, that (I) (we) last
saw the deceased alive on	and that death occured as	a causes and on the date stated above
22a. SIGNATURE	ATTENDING MED. S	TAFF
2 10 malin		HYS. D
22c. PHYSICIAN'S	22d. ADDRESS	
NAME (Type) / W/ R/I A	MD KIUEL	dala Mal
23a, BURIAL, CREMATION, 23b, DATE THEREOF 23c, NAME OF C	METERY OR CREMATORY 23d, LOCATIO	N (City, town of county) (Stata)
REMOVAL(Specify)		(State)
Burial 9/7/61 Ft. Lin		ar Manor, Md.
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	2Se. REC'D BY REGISTRAR	2Sb. REGISTRAR'S SIGNATURE
F. Gasch's Sons Hyattsville	Maryland DATE SEP 8 '61	Cathur S. Kraus

DESIGN L. Cardila Bons Humanville, Marviand

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 10543 Rea. Dist. directo PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) filed o. COUNTY b. COUNTY MARYLAND (reorges DrINCE GEOVERS b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) PARK should College Vears COL 09 d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? NARRAGANSett PKWY NARRAGANSETT YES NO Z NAME OF Middle 4. DATE Day Yeor DECEASED Gertrude GLEGSON OF (Type or print) September 1961 6. COLOR OR RACE 5. SEX 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. Female Months Doys DIVORCED [WIDOWED | 6 yrs. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) House wiFe Home corbon ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JOSEP Jean om hours remove 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT SAME 72 n attending 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) 31/2+4/4 DUE TO Conditions, if any, which (6) gove rise to immediate DUE TO coese (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY burial-tr PERFORMED? YES | NO N 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) CAL 20c. TIME OF INJURY Month. Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) loctory, street, office bldg., etc.) Hour 0. m. While Not while of work ot work AUGUST , 19 61, to Sept. 18, 19 61, that I last saw the deceased 21. I certify that I attended the deceased fram, and that death occurred at 4:15 AM, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL 4500 College pe prior SIGNATUR should the registrar PHYSICIAN'S 0 Cd NAME (Type) FUNER e 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c-NAME OF CEMETERY OR CREMATORY 22d AOCATION (City, town/ or county) (Stote) REMOVAL (Specify) unea 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 1 24b. REGISTRAR'S SIGNATURE 24g. REC'D BY REGISTRAR VS A15 (4) 15M 9/55

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	PART NAME OF STREET		saidly viosis
	anna: Levens Number of C		
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TO HOSP 6. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deather.

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

10	544	RIIFICATE	OF DEATH		10538
1. PLACE OF DEATH e. COUNTY		2			institution: Residence before admission
Prince George's		MARYLAND	Maryland	b. coun Prin	ce George's
b. CITY OR TOWN (if outside of	orporate limits, c. LEN	GTH OF STAY IN 16		(If outsida corporata limits, write	
write RURAL and give neer Riverdale	ast fown)			1	
	STITUTION (if not in hospital, give	a street address)	Hyattsvil d. STREET ADDRESS	Te - 0	e. IS RESIDEN
		e siteet address)			ON A FARA
Eugene Leland M				olson St.	YES NO
3. NAME OF DECEASED	First	Middle	Last	4. DATE Month	Dey Yeer
(Type or print)	Ethel		Graves	DEATH 9	14 1961
5. SEX 6. COLO	OR OR RACE 7. MARRIED THE	VER MARRIED 8. D	ATE OF BIRTH	9. AGE (In yeers last birthdey)	
Female Whi			-30-1876	85 yrs.	Months Days Hours Min
10a. USUAL OCCUPATION (Give	kind of work 10b. KIND OF B				12. CITIZEN OF WHAT COUNT
dona during most of working life,			Kentualar		U.S.
Housewife 13. FATHER'S NAME	own		Kentucky MOTHER'S MAIDEN		0.00
		4/		e work	
John L. Thurmon			Martha?		
15. WAS DECEASED EVER IN U.S. (Yes, no, or unknown) (Ifyesgivew		SECURITY NO. 17. INF	ORMANT	Address	
		Mr	s Lorene I	ittle Hvat	tsville Md.
18. CAUSE OF DEATH [E	nter only one ceuse per line for (e), (b), end (c).]		011	tsville Md. INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: Broncho-Preumonia, Pit. Luig					
4500		A .	1	6.1.	
Conditions, if any, which	DUE TO Advan	reed A	rterio	12049106	s 4day
geve rise to immediate causa	(p) 1401/19 v				
(a), stating the underlying	DUE TO				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OF DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part II of item 18.)					
				YES NO	
				20a. ACCIDENT WAS UNDER	
(IF EITHER, NOTIFY MEDICAL					
ZOc. TIME OF INJURY Ma	nth, Dey, Yeer 20d. INJURY C		OF INJURY (Homa, fare		(County) (Stete)
20c. TIME OF INJURY Mo	-4. 4.	***************************************	street, office bldg., etc	:.)	
Print		work			
21. I certify that (I) (this hospital) attended the	4 1	7 6	and the state of t	1, 196., that (1) (we) 1
saw the deceased alive	on 13 1 20 7 1	9.6.1, and that de	eath occured ato	M, from the causes	and on the date stated abo
2204 SIGNATURE	1/1/			MED. STAFF	22b, DAT
Thomas 1.	n. Thuletus	M.D.		DIRECTOR PHYS.	14107.1
22c. PHYSICIAN'S	24 17 4 4 4		22d. ADDRESS		
NAME (Type) Th	omas M Hutchin	IS	Land	over, Md.	
23a. BURIAL, CREMATION, 23b	DATE THEREOF 23c. N	AME OF CEMETERY OR	CREMATORY	23d. LOCATION (City, tov	vn or county) (Stata)
REMOVAL (Specify)					MIssouri
	pt 18, 1961	Oakwood Co		Macon	
24 FUNERAL DIRECTOR'S SIGNA	TURE Hy	attaville	4 - 40	4 - 4 - 4	SISTRAR'S SIGNATURE
/ Jasons	+ unlight	100m	DATE	SEP 1 8 '61 C	

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TO HOSE IL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after a death. Page 4 may be retained by the hospital or attending physician. You have been specificated as been signed by the attending physician and complete willed in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSE

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

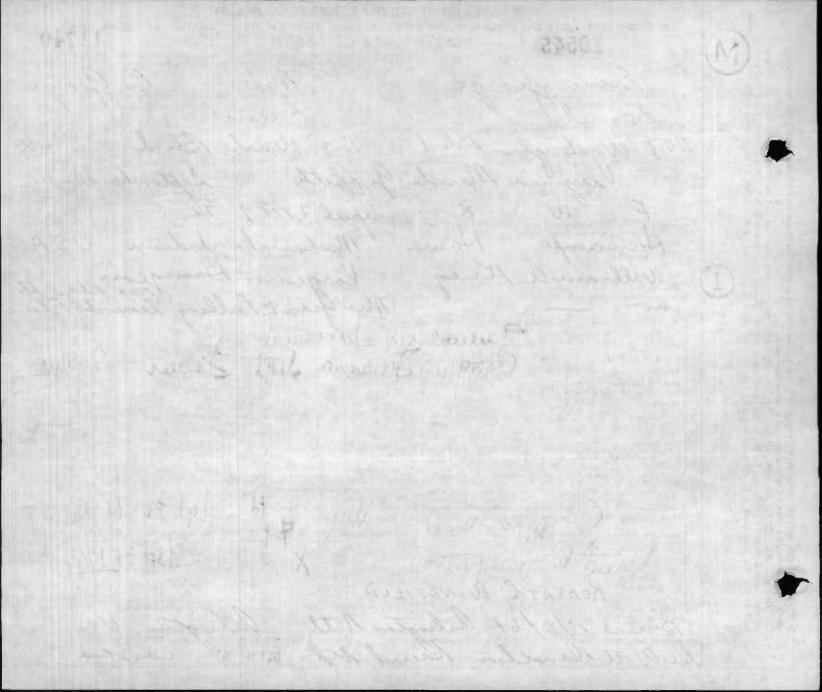
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CERTIFICATE OF DEATH

PLACE OF DEATH

12 USUAL RESIDENCE (Where decreased lived if institution, Residence before admit

	a	O. STATE D. COUNTY D. COUNTY
	-	D. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town
		write RUBAL and give necreptions
	_	B. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat eddress) d. STREET ADDRESS e. IS RESIDENCE
	-	70 8 Mash into Blood 7h 8 Wash Blood YES IN NO X
	3. 1	NAME OF First Middle Last 4. DATE Month Dey Year
		Type or print) VAL BLANK 3019 61
	5.	Manie Parise profile supplies
		last birthdey) Months Devs Hours Min.
	10e.	WIDOWED DIVORCED Clare 1 188 9 7 2 yrs. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY) 11. BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	don	e during host of working life, even, if retired)
	13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME (2)
1		11:00 · 1 / B
۱	15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT
		, no, or unkown) (Ifyasgivawarordalesofservice)
	-	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY: ONSET AND DEATH
		IMMEDIATE CAUSE (0)
		DUETO CATORICIA SCIENZANOS LITE XCILLA X. WILLO
		Gonditions, if eny, which gave rise to immediata cause
		(a), stating the underlying DUE TO
	z -	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
	CATION	PERFORMED?
	IFIC.	20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Pert II of item 18.)
4	2	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
1	4	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete)
	MEDICAL	Hour a.m. While Not While et work all work all work
	- -	21. I certify that (I) (the dospital) attended the deceased from 1991, to 1991, that II) (we) last
		saw the deceased alive on 19.0
		22a SCHATURE 22b. DATE
		ATTENDING MED. STAFF DIRECTOR
		22c. PHYSICIAN'S 22d. ADDRESS
		NAME (Type) ROBERT C. WINGFIELD
		BURIAL, CREMATION, 236. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
		Durial 10/3/61 alengton Matt alengton, Va
	24	EUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS ADDRESS ACC'D BY REGISTRAP 256, REGISTRAP 2
0 0	16	le With Clandlean Racuel My DATE OCT 9 '61 anim 8. Knows



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

A	LUDGO nf from Brith cert	ific	sta			JA		24
41	PLACE OF DEATH e. COUNTY		2. USUAL RESIDEN	ICE (Whara daces			enca befora a	dmission)
1	Prince George's MARYL	AND	a. STATE Marylar	h	b. COUN			
-	b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY		c. CITY OR TOWN		le limits, write	ince Ge	orge's	(n)
	write RURAL and give neerest town)					45		
1-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street addre		Bladens d. STREET ADDRESS			150	l a IC DI	ESIDENCE
8		55)				1	ON	A FARM?
	Prince George's General Hospital		4913 191	onroe Str	eet		YES _	NO X
3.	NAME OF First Middle DECEASED		Lest	4. DATE	Month	De	y Yee	
	(Typa or print) Baby Girl		Habas	DEATH	Septe	mber 21	19	61
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	X B.	DATE OF BIRTH			IF UNDER 1 YEA	R IF UNDER	24 HRS.
	Female White WIDOWED TO DIVORCED		9-21-61	16	st birthdey)	Months Deys	Hours	Min.
10	. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (Cou	nty & State, or fore	eign country)	12. CITIZEN	OF WHAT C	OUNTRY
do	one during most of working life, even if retired)							
13	FATHER'S NAME	1.1	Md. U.S.				S.A.	
)	Franklin D		4. MOTHER'S MAIDEN					
1	Habas			ise Lusb				
15 (Y	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO	17. IN	FORMANT		Address			
			Mother	San	ne as a	bove		
	18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c)	.1					NTERVAL BET	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) // Laleclary	d					NASEL WIND I	JEM I II
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	I gave rise to immediate cause						-	
	(a), steting the underlying DUE TO							
1_	ceuse lest. (c)							
Ó	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	ROI NOT	KELATED TO THE TERM	INAL DISEASE CO	NUTTION GIV	EN IN PART I(e)		RMED?
3			COLUMN TO VA				YES _	NO 🖸
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS A PERFO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Home, farm, 20f. (City or town) (County)								
				(State)				
MEDICAL	Hour e.m. While Not While et work	ractor	y, street, office bldg., et	c., i				
1	p.int	6-5	1/21	10 6/ 10 5	11/24	2/ 10/-/	4h = 4 (1) (····· las
	21. I certify that (I) (this hospital) attended the deceased from 19.1.							
saw the deceased alive on								
220. SIGNATURE ATTENDING MED. STAFF					226	. DATE SIGNED		
Statuted 117 6 m.d. PHYS. DIRECTOR PHYS.								
	22c. PHYSICIAN'S		22d. ADDRESS	01	T	3.6.3		
	Dr. Robert S. McCeney		402 Main	Street,	Laure.	Ly Mae		
23	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEN	METERY OF	CREMATORY	23d. LOCATI	ON (City, to	vn or county)	(5)	late)
	REMOVA (Specify) Creation 10-6-61 Prince Geo	Gen.	Hospital	Chever	ly, Mar	yland		
24	ELEMPT DIRECTOR'S SIGNATURE ADDRESS			C'D BY REGISTRA	R 256. REG	SISTRAR'S SIGN	ATURE	
1	Wenn Heen h		DATE	CT 9 '61				
Y	arry W. Penn, Jr. Administratory		PAIL	01	Cons	then S. Ku	cupil	
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMOREL, DE PAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before admission) e. COUNTY b. COUNTY Prince George's Prince George's Marvland MARYLAND b. CITY OR TOWN (if outside corporete limits. c. CITY OR TOWN (If outside corporete limits, write, RURAL end give neerest town) c. LENGTH OF STAY IN 1b write RURAL end give neerest town) D. O. A. Brentwood Cheverly d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? 4006 Utah Avenue Prince George's General Hospital YES NO P 3. NAME OF DECEASED September 23, 19 (Type or print) Cheryl Ann Hammond DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthday) and 2 w WIDOWED DIVORCED Female 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Stelle or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired District of Columbia U.S.A. None None pages 1 within PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ann Maris Kaske James Wados Hommond File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (If yes give wer or detes of service) James Wados Hammond, same as # 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).) INTERVAL BETWEEN e along ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Pneumonia pue IMMEDIATE CAUSE (e) in pencil Office a **DUE TO** burial removal, Conditions, il env. which geve rise to immediate cause DUE TO (e), steting the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(1) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO P pino 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury In Pert I or Pert II of item 18.) 5 PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. writing to Chief / 20c. TIME OF INJURY Month, Dey, Year 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, ! 20f. (City or town) (County) (Stete) fectory, street, office bldg., etc.) While Not While the P. P. et work et work 21. I certify that I took charge of the remains described above, held an Autopsy | Inspection X Inquiry X 0 and in my opinion 0 4 execute the cermonic build be forwarded to be death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL 1 SIGNATURE September 23,1961 EXAMINER'S DEPU NAME (Type) Address (Street, city, town, or county) C. NAME OF CEMETERY OR CREMATOR Q40 p VS. AISME SM 9/60 VVVVVXVV

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Prince designs and designs alaying a Prince design

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Prince desrue's Menagel Hampital # 4006 Main Avente

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State State Ann Jerie Etale

None James seles Hemmond, come as 2

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FOR STATE of director. Page is necessary, of Health. for your files. TO DEPUT. MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any it is please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the fundal direct should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your Schould be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages Nand 2 with the State Board of the Contraction o

	MARYLAND STATE DEPARTMENT OF HEALTH			
	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND			
	10343 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 10540			
	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission)			
	Prince Jeanger MARYLAND 6. STATE May less b. COUNTY			
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)			
	Com of the tos 3 years 1			
ì	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS d. STREET ADDRESS			
	412 Comady All land 4/2 Comady Hell layes NO			
	3. NAME OF DECEASED Middle Last 4. DATE Might Day Year			
	(Type or print) Glorge Charact Herbert DEATH Select 1 1061			
١	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In year) IF UNDER 1 YEAR IF UNDER 24 HRS.			
i	male wild widowed Divorced Cat 23, 1878 estabirihadey) Months Deys Hours Min.			
-	10e. USUAL OCCUPATION (Give kind of work done during most of working dife, even in fired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?			
	Block Amit. Relied Virisinge U. S. C.			
1	13. FATHER'S NAME 14. MOTHER'S MAIDEN WAME 1			
	yeary Washington Harper Willie Jours Harris			
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT			
	(Yes, no or unkown) (If yes give war or dates of service) None much Lorsey Burch Same & To			
	18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]			
	PART I. DEATH WAS CAUSED BY: 12 CONSET AND DEATH			
	IMMEDIATE CAUSE (6) Ce cute Corregion Racil Jacker			
	DUE TO			
	gave rise to immediate cause (b) Cardibo & celle plenal disposi			
	(a), stating the underlying DUE TO			
	cause fast. (c)			
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED?			
	YES NO IT			
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? PERFORMED. PERFO			
	S 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State)			
	Hour a.m. While Not While factory, street, office bldg., etc.)			
	p.m. 19 at work at work			

21. I certify that I took charge of the remains described above, held an Autopsy Inspection 7 Inquiry and in my opinion death resulted from: Natural causes Undetermined manner Suicide Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Street, city, town, or county) 22a. BURIAL, CREMATION, 22b. REMOVAL (Specify) ETERY OR CREMATORY NAME OF CEM 22d. LOCATION (City, town, or country) (State) REM_BURIAL RIVERVIEW CEMETERY VIRGINIA $\operatorname{RICHMOND}$ 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE ROBERT J. MURPHY FUNERAL HOME arthur S. Kanson

VS. A15ME 5M 7/59

CESAS MEDICAL REPRESENTANCEMENTS OF PROTES - 10540

thin 24 hours after and completely filled in by the carbon papers. Pages 1 and 2 nt within 72 Hours after death. TO HOSP I. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed death. Page 4 may be retained by the hospital or attending physician.

S TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely director, page 3 should be detached for use as the burial-transit permit. Then please femore carbon papers be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72.After the prior of the state Dept.

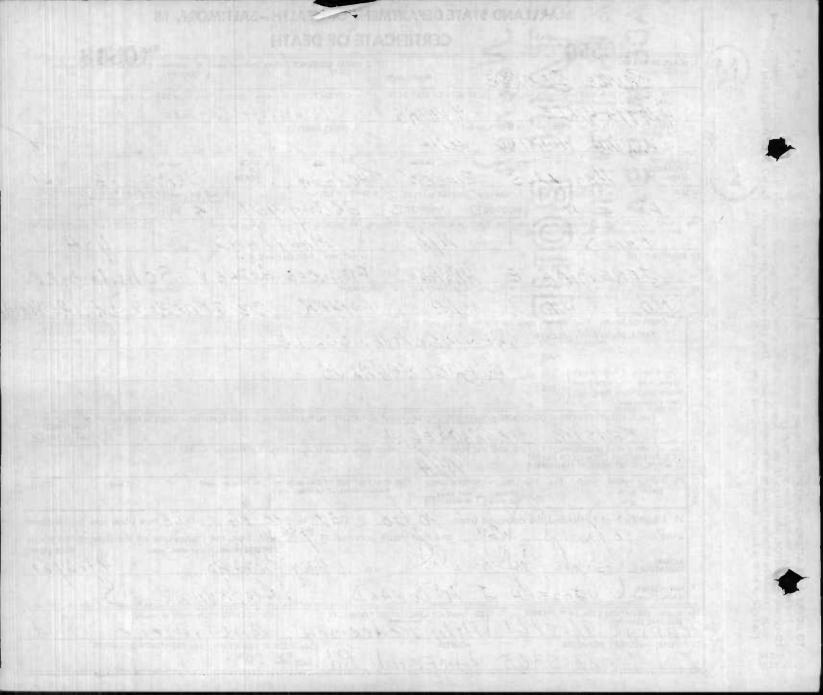
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 10541

		2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission)					
	Prince Georges MARYLAND	• STATE Maryland b. COUNTY Prince Georges					
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest lown) Cheverly 6 days	c. CITY OR TOWN (If outside corporeta limits, write RURAL and give neerest town) Landover					
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS . 1 e. 15 RESIDENCE					
	Prince Georges General Hospital	2510 Virginia Ave.					
ľ	3. NAME OF First Middle DECEASED	Last 4. DATE Month Dey Year					
	(Type or print) Florence V	Hartley DEATH Sept. 30 19 61					
	5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 8.	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthday) Months Days Hours Min.					
	Female White WIDOWED DIVORCED	6 9ct. 1912 48 yrs.					
1	10e. USUAL OCCUPATION (Give kind of work done during most of working life, every if retired) Tousing from Home	11. BIRTHPLACE (County & Stete, of foreign country) 12. CITIZEN OF WHAT COUNTRY?					
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
	unknown	unknown					
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN (Yes, no, or unkown) (Ifyassive war or dates of service) 578-24-3285	an Hartley Landover Md-					
1	1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]	INTERVAL BETWEEN					
	PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH					
	11 11 3 IMMEDIATE CAUSE (a) COLLET	of the the the the					
	TTO A LINE DUETO CONTROL OF THE STATE OF THE	1. De					
1		Conditions, if enylyhelister the control of the leselie					
1	gave rise to immediate cass (a), steting the underlying DUE TO	abak,					
	ceusa last. (c)	1/24/61					
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED?					
	CAT	YES NO 🖸					
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter nature of injury in Part I or Part II of itam 1B.)					
	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLAC	E OF INJURY (Home, farm, 20f. (City or town) (County) (State)					
	20c. TIME OF INJURY Month, Dey, Yeer Hour a.m. While Not While at work et work	y, street, office bldg., etc.)					
1		7/19 196/, to 9-30 19(b), that (1) (we) las					
		death occured al.2,30,4110m the causes and on the date stated above					
	22e. SGNATURE	22b. DATE					
	Remaltrageage ME	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 7					
1	22c. PHYSICIAN'S	22d. ADDRESS					
	NAME (Type) Dr. d. Hageage., M.D.	Mt. Rainier., Md					
	230, BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF	R CREMATORY 23d. LOCATION (City, town or county) (Stete)					
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	1 250. PEC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE					
	I Bische sorsityllovile	DATE OCT 2 '61 arthur S. Kraus					

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death.



CERTIFICATE OF DEATH Item 8 directar, iled with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Reside o. COUNTY funeral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 MONTH shauld d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO 4. DATE OF DEATH NAME OF First Middle Day DECEASED (Type or print) 196 IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 7. MARRIED B. DATE OF BIRTH 9. AGE (In years NEVER MARRIED Months WIDOWED [camp 10a. USUAL OCCUPATION (Give kind of work done 10b. 12. CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) puo 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physici Address 444 ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT guipa 18. CAUSE OF DEATH [Enter anly one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH 0 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO E HEART DISEASE Canditions, if ony, which gned gove rise to immediate DUE TO couse (a), stoting the underlying couse last. burial-transit physician PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) certificate MEDICAL 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) foctory, street, office bldg., etc.) Hour 0. m While Not while 19 at work ot work 19 that I last saw the deceased 21. I certify that I attended the deceased II A . M. from the causes and an the date stated above. alive on and that death accurred DIRECTOR ADDRESS (Street, city ar town, state) þ ACTUAL PHYSICIAN'S TO FUNERAL NAME (Type) 22d. LOCATION (City, town, or county) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY Cedar Hill (Stote) page Suitland, 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE SEP 2 7 '61 Lee Fineral Tome - Washington D.C. VS A15 (4) arthur & House DATE 15M 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH directar, iled with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Regidence before odmission) filed a. COUNTY b. COUNTY MARYLAND funeral CITY OR TOWN (If outside corporate limits, write BURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) pe should MAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM - Wes YES NO .= NAME OF Middle Yeor Day filled DECEASED DEATH (Type or print) 190 9. AGE (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF campletely Months Days Hours WIDOWED [papers. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY deoth during most of warking life, even if retired) pup carbon ofter 13. FATHER'S NAME physician remave ARMED FORCES? 16. SOCIAL SECURITY INFORMAN attending within 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL SETWEEN ā PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o). the DUE TO Conditions, if any, which permit gned gove rise to immediate DUE TO couse (o), stoting the underbeen si burial-transit ond lying couse lost. PART II. OTHER SIGNIFICANT CONDITIO RELATED TO THE TERMINAL DISEASE CONDITION WAS AUTOPSY PERFORMED? has YES NO 200. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) certificate OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) Month, Day, Year 20d. INJURY OCCURRED (County) (State) foctory, street, office bldg., etc.) Haur a.m. While Not while of work of work p. m 21. I certify that I attended the deceased fram. 1961, that I last saw the deceased and that death occurred at 24alive an M. fram the causes and an the date stated above. DIRECTOR: ADDRESS (Street, city or town state) by ACTUAL SIGNATURE pe 3 should PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify)

24b, REGISTRAR'S SIGNATURE

arthur S. Kinewa

24g, REC'D BY REGISTRAR

DWHIA

23. FUNERAL DIRECTOR'S SIGNATURE

The state of the s Filmont & March 11 10 June 1 J E CONTRACTOR DE LA PROPERTIE D · 中国的特殊。 新国的工作的专业 But of the Marie Toy Hill and the Marie Marie

the funeral director, filed with ofter death. Page 4 Then pleose remave carban papers. Pages 1 and ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 how TO HOSPITE R ATTENDING PHTSICIAM: The Completely filled in moy be recovered by the haspital or attending physician.

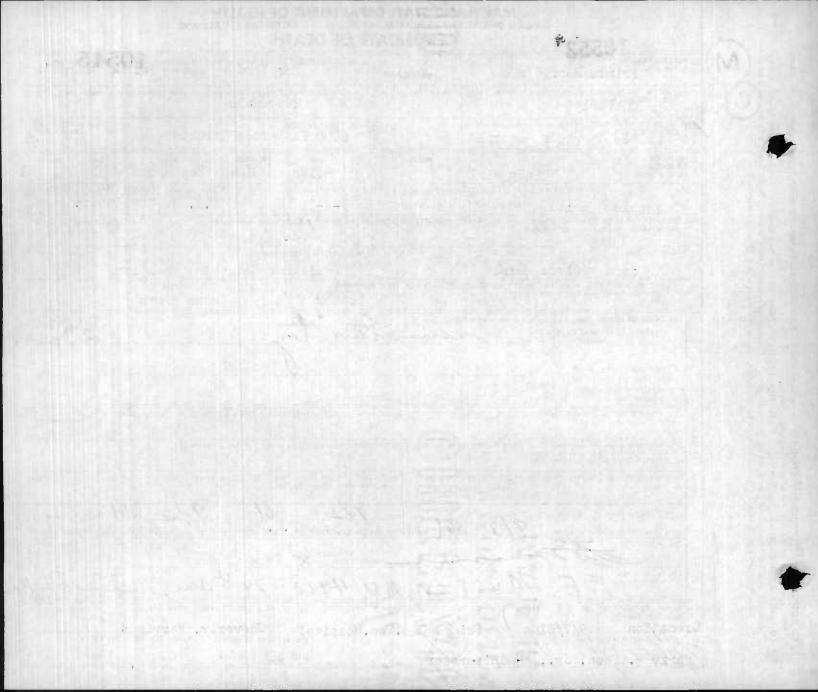
So TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in the State Board at Health priar to burial, crematian, ar remayal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

	DIVISION OF	CERTIFICAL CERTIFICA	AND RECORDS — BALT		MARYLAND				
	LACE OF DEATH . COUNTY Prince George's	MARYLAND	2. USUAL RESIDENCE (W	where deceased yland	d lived. If institution b. COUNTY	on: Resile	154	dmiss	sion) e s
	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	e. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Riverdale							
1	NAME OF HOSPITAL (If not in hospitol, give street OR INSTITUTION Prince George's Gener	oddress) al	d. STREET ADDRESS 6700 Patt	terson	Street				FARM?
	IAME OF First DECEASED Type or print) Baby G	Middle irl	lost Heiss	4. DATE OF DEATH	Septe		Do	2	Yeor 19 6
5. 9	Female White WIDOW		8. DATE OF BIRTH 9-2-61		9. AGE (In years last birthdoy) N•B• yrs.	Months Months	R 1 YEAR Doys	Heyrs	Min. 21
10a	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (Stot	e or foreign co	ountry)	12. CI	TIZENO	FWHATC	OUNTRY
13.	ATHER'S NAME		14. MOTHER'S MAIDEN	NAME					
	David Clyde Heiss		Eleano	or Cath	erine The	ompso	on		
IS.	WAS DECEASED EYER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	NFORMANT	0.874	Add	ress			
,	(ii yes, give not of acted of sortice)		Mother		as ab	ove			
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (o), stating the under- lying couse lost. PART I. DEATH WAS CAUSED BY: (b) DUE TO (c)							×.J	ns
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	MINAL DISEAS	E CONDITION GIV	'EN IN PA	RT 1(0)	PERFC	AUTOPSY DRMED?
	20a. ACCIDENT WAS UNDERLYING ☐ CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRI	ED. (Enter noture of injury in	n Port I or Por	t II of item 1B.)				
MEDICAL	Hour o. m. While		LACE OF INJURY (Home, for octory, street, office bldg., e		or town)		(County)		(Stote
	21. I certify that (I) (this hospital) attends sow the deceased alive on	ded the deceased from.	death accurred at 1	966, ta_	the causes an	194 d an th	E.L. It	nat (I) (e stoted	(wa) las d obove
	220. SIGNATURE	nu	ATTENDING.	MED.	STAFF PHYS.				b. DATE SIGNEI
	22c. PHYSICIAN'S NAME (Type) F. F. ML	SSTV, M	D 4410	74:	tane,	Sen	do	u K	Fells,
23a	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCA	TION (City, town,	or county)	(Stot	te)
C	emation 9/7/61/	Prince Geo.Ge	en.Hospital	Cheve	rly, Mar	ylan	d	105	

andlug S. Haus

DATE SEP 1 3 '61



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 10554 CERTIFICATE OF DEATH of director, filed with 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence PLACE OF DEATH o. COUNTY o. STATE b. COUNTY "MARYLAND the funeral shauld be fi b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrests town) the d. NAME OF HOSPITAL (If no in hospital, give street oddress d. STREET ADDRESS OR INSTITUTION pup NAME OF DATE OF DEATH Middle oges 1 DECEASED after death (Type or print) 6. COLOR OF RACE IF UNDER 1 YEAR IF UNDER 24 HES S. SEXO MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday) Months DIVORCED [WIDOWED yrs. papers. ATTENDING PHYSICIAN: The law requires that the death certificate be executed 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIETHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) and pou 72 FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician car within remove 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT attending eose 1B. CAUSE OF DEATH [Enter only one couse per line for (o) (b), and (c) d PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o ond DUE TO þ permit. remayal. Conditions, if ony, which certificate has been signed gove rise to immediate DUE TO couse (o), stoting the undermay be restricted by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been si burial-transit lying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY cremation, 20g. ACCIDENT WAS UNDERLYING | Ob. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)
OR CONTRIBUTING | CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) the use as the 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED foctory, street, office bldg., etc.) Hour o. m. While Not while 19 ot work of work far igr 21. I certify that (I) (this haspital) attended the deceased from P detached Health saw the deceased alive and , and that death accurred at 30 M, fram the causes and on the date stated above. 22o. SIGNATURE ATTENDING MED. DIRECTOR STAFF PHYS. PHYS. 3 should be M.D. 22c. PHYSICIAN 22d. ADDRES NAME (Type) W.S. HUDSON TO HOSPITA page 3 sh the State E 23b. DATE THEREOF 23d. LOCATION (City, town, or county) 23a. BURIAL CREMATION. 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) the CEMERTRY 24. FUNERAL DIRECTOR'S SIGNAT 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 0

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e. IS RESIDENCE

Day

ON A FARM? YES NO

Yeor

19

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO 7

that (I) (we) last

(Stote)

MARYLAND

(Stote)

SIGNED

(County)

death. Page

VR A15 (4) 1SM 9/59

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S TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete and in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deaptre.

	MARYLAND STATE DE	PARTMENT OF	HEALTH	
DIVISION OF STATISTICAL	L RESEARCH AND RECORDS	, 301 W. PRESTON	STREET, BALTIMORI	1, MARYLAND
10555	L RESEARCH AND RECORDS CERTIFICAT	E OF DEATH		AOFAN

	-						74
1. PLACE OF DEATH	н				NCE (Where deceesed I		sidence before admission)
	George		MARYLAND	. STATE Maryla		Prince	George
b. CITY OR TOWN	(if outside corporate limit	its,	c. LENGTH OF STAY IN 16		N (If outside corporete lim		
	d give neerast town)			4 Bronty	Бооч		
Brentwo		126 h 1- h	atheli atom disease addisease	46 Brenty			a. IS RESIDENCE
u. NAME OF HOSFI	TAL OK INSTITUTION (ir not in nos	spitel, give street address)	1 - 4 - 4 - 400	ebster st,	Brentwo	ON A FARM?
3. NAME OF	First		Middle	Lest	4. DATE	Month	Dey Yeer
DECEASED (Type or print)	John			offman, Si	- V	p//	7 1961
5. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	8. DATE OF BIRTH	9. AGE ()	11 1 1	EAR IF UNDER 24 HRS.
Male	White	WIDOWE	D DIVORCED	8/15/1873	88	yrs. Months De	ys Hours Min.
100. USUAL OCCUPAT	TION (Give kind of world	k 10b. K	IND OF BUSINESS OR INDUST	~1 - /1 - ~ / /	ounty & State, or foreign o	country) 12. CITIZ	EN OF WHAT COUNTRY?
Carpen	orking life, even if retire	ed)	etired	D	C	IT !	S.A.
13. FATHER'S NAME	Cel		e orrea	D.		0.1	D • 21 •
Wm. J. I	Hoffman /er in u.s. armed for	RCES? 16.	SOCIAL SECURITY NO. 17.	Agnes B.	. Sheehan	Address	
(Yas, no, or unkown) (If yas give war or dates of s	service)			Waffman	3600 Web	aton St
I 10 GHYYGE OF 1	DATE WHEN IT I	101		rs Ruth C.	. norrman	2000 Men	
	TH WAS CAUSED BY:	couseper	line for (e), (b), end (c).]	1	++	5	ONSET AND DEATH
PARI I, DEAI	IMMEDIATE CAUSE (e)	CM	Cusom.	of most	au ir	un	
177X	DUE TO		+ 1	7 //			
Conditions, if en	y, which) (b)	M	Markerin				
geve rise to Immed	liete ceuse		000-00				
(a), steting tha u	undarlying DUE TO						
ceusa lest.) (c)	TIONE COL	IVALIALITATO VO DE AVIL DUE A	OT BELLITED TO THE TER	MINIAL DISCASS CONDING	CAL COUTAL DAD A DATE	LILLO WAS ALLONSY
PARI II. OTHE	K SIGNIFICANT CONDI	IIION2 COL	ATRIBUTING TO DEATH BUT N	OT KELATED TO THE TEK	MINAL DISEASE CONDITI	ON GIVEN IN PART I	PERFORMED?
PART II. OTHE							YES NO
20a. ACCIDENT W	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)		CRIBE HOW INJURY OCCURE	D. (Enter neture of injury	in Part I or Pert II of item	18.)	
ZOc. TIME OF INJU	JRY Month, Day, Ye	ar 20d.	INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, f	arm, 20f. (City or town) (Count	y) (Steta)
20c. TIME OF INJU		While	Not While fa	ctory, street, office bldg.,			
₹ p.m.	19	et wor	k et work	1 / A		A Al	,
21. I certify	that (I) (this hospi	tal) atten	ded the deceased from	11 AUDY	, 190./, to//	KAZ. M., 180.	, that (I) (last
saw the decea	sed alive on	LILLA	19.0 , and the	it death occured at.		ayses and on the	e date stated above
220. SIGN JURE	1101: 4	0 1	•				22b DATE
NTA	MAL	MILH	1111	M.D. ATTENDING	MED. STAF		17 1000
22c. PHISICIAN'S		nuc	VV	22d. ADDRESS		1	11.0
HAME VIYPO	Mi-LAUI	CIN,	MD.	463	7 EASJER	N AVE	
	ION, 236. DATE THE	REOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town or county)	(Stete)
Burial Specify	9/21/	61	Arlington		Ft Mye	r	Va
24 FUNERAL DIRECTO			ADDRESS		REC'D BY REGISTRAR 2		GNATURE
	al Home	300		h. D. C DATE		arthur &	

manazon . U .mi

Make Verter sala

(1)

John Pent Borress, Sr ... Market

88 - 8/15/1873 - 88

Carpentur Retired D. C.

Agnes B. Brachau

577-14-7978 Has Upta U. doffman 3600 Webstell Dt.

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THE STATE STATE

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bes Funeral Home '300 ftn we want. D. C on EEP 10 of course ft. L.

FOR STATE DEPT

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the fundamentary of should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. AISME 5M 9/60

Division of STATISTICAL RESEARCH RECORDS, MEDICAL EXAMINER'S

MARYLAND STATE DEPARTMENT OF HEALTH

301 W. PRESTON STREET, BALTIMORE 1, MARYLAND IFICATE OF DEATH

10540

8

1. PLACE OF DEATH	II 2 PROPERTY PROPERTY (AV)	V348						
Prince George's MARYLAND	2. USUAL RESIDENCE (Where decessed lived, If institutions e. STATE Maryland b. COUNTPri	nce George						
b. CITY OR TOWN (if outside corporete limits, write RURAL end give neerest town)								
Cheverly D.O.A.	37 Landover Hills							
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE						
Prince George's General Hospital	"	YES NO						
3. NAME OF First Middle DECEASED	Last 4. DATE Month OF CONTROL	Day Yeer						
		er 18 ₁₉ 61						
Male 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	9. AGE (In years F UNDER Oct, 26,1913 47 48 yrs. Months	1 YEAR IF UNDER 24 HRS. Deys Hours Min.						
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) Engineer RCA		TIZEN OF WHAT COUNTRY						
Samuel Howard Holland	14. MOTHER'S MAIDEN NAME Mary Reamy							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address							
Yes, no or unkown] [Itagije warordatesofservice]	stalle Bryan Holland, same	as #2						
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]		INTERVAL BETWEEN						
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) COronary Occlusion ONSET AND DEATH								
4201 DUE TO								
Conditions, if eny, which \ (b) Coronary artery disease								
geve rise to immediate cause (a), stating the underlying DUE TO								
cause lest. (c)								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO DEATH BUT NO CONTRIBUTIONS CONTRIBUTING TO DEATH BUT NO CONTRIBUTIONS CONTRIBUTING TO DEATH BUT NO CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS TO DEATH BUT NO CONTRIBUTIO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	T 1(e) 19. WAS AUTOPSY PERFORMED?						
On CATERNIAL CALLET WAS LOND OF STORY HOW WHITEN CONTINUE		YES NO						
20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PI Hour e.m. 20d. INJURY OCCURRED	LACE OF INJURY (Home, farm, 20f. (City or town) (Concern, street, office bldg., etc.)	unty) (Stete)						
21. I certify that I took charge of the remains described above, h	neld an Autopsy , Inspection Inquiry	and in my opinion						
death resulted from: Natural causes 🔀, Accident 🔲, Sui	icide . Homicide . Undetermined manner							
	CHIEF MEDICAL EXAMINER							
SIGNATURE James 8- V James	M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED						
EXAMINER'S James I. Boyd	DEPUTY MEDICAL EXAMINER 9/18 Address (Street, city, town, or county)	/61						
22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY C	OR CREMATORY 22d. LOCATION (City, town, or country	y) (State)						
Burial 22 Sept. 1961 Ft. Lincol		Md.						
23. FUNERAL DIRECTOR ADDRESS	Wash. 240. REC'D BY REGISTRAR 24b. REGISTRAR'S S	SIGNATURE						
Lee Funeral Home 300-4th St. N.H	D.C. DATE SEP 20'61 arthur	2 4						

Frince Seorge's Enryland Prince George's

U.C.A. Dendover Bills

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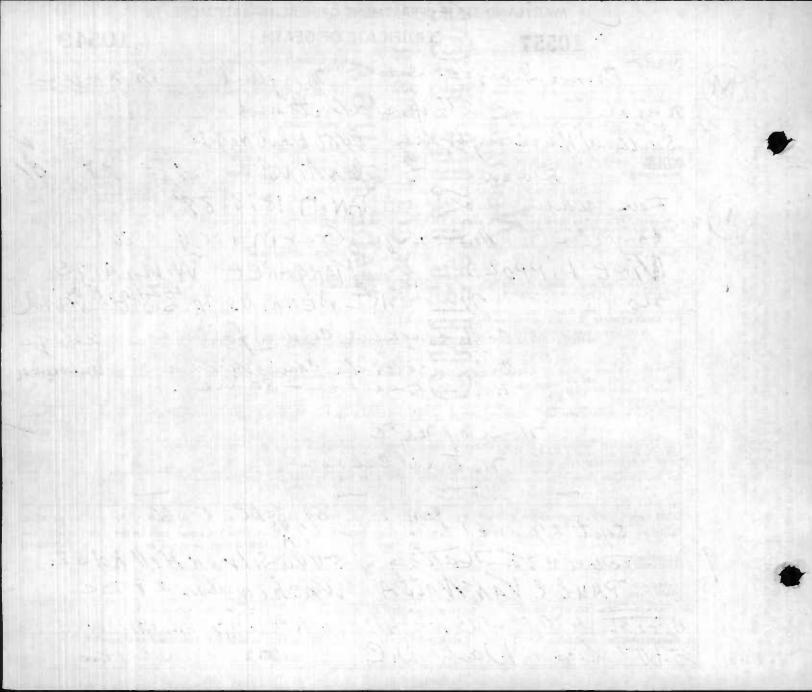
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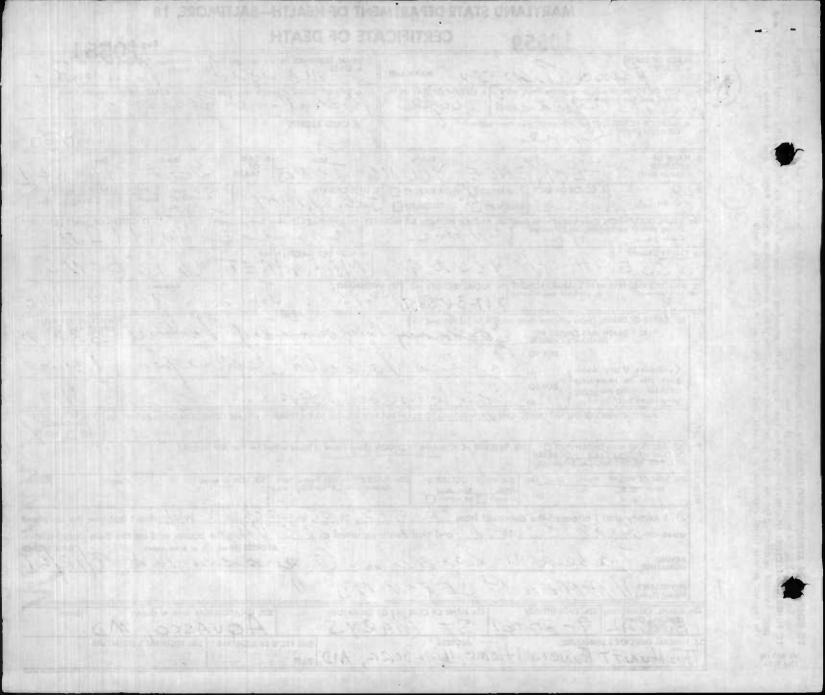
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16 6 2 22001 O' or your sone if The state of the s Tent Dellabast History Indust LESS VIEW VERNERS & THE -- sand .. HE STON Chilesian or company the steering The sould be a second to the second s Mary Mary Comment The best Sentern does, wasann ton He, D. . The parties of the feeting PAT Busing states commented to be the second of Street Straways It A State.

CERTIFICATE OF DEATH 10559 director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: R a. COUNTY b. COUNTY be filed MARYLAND CITY OR TOWN (If outside corporate limits, write) C. LENGTHOOF STAY IN 16 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give neares found shauld d. NAME OF HOSPITAL (IFA not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A SARM? N NO | YES T NAME OF First Middle 4. DATE Month Day Year DECEASED (Type or print) DEATH 19 SEX 6. COLOR OR RACE 7. MARRIED B. DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS. NEVER MARRIED AGE (In years birthday) Months Doys Hours DIVORCED | WIDOWED yes 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT GOUNTRY? during most of working life, ever if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: DUE TO Conditions, if ony, which permi gove rise to immediate **DUE TO** catse (a), stoling the underand lying cause lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED YES 🗍 NO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OF CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) S os 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Slole) factory, street, office bldg., etc.) Hour Q. m. 19 at work at work p. m. 21. I certify that I attended the deceased from that I last saw the deceased alive an and that death accurred at M, from the causes and an the date stated above. ADDRESS (Street, city or town, stote) ACTUAL shauld PHYSICIAN'S n 22b. DATE THEREOF 22a. BURIAL, CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Iown, or county) (Stote) he 9 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 26 Irling S. Maria VS A1S (4) PUNEVAI HOME , WALDORK

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



TO HOSE ALL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. The A may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral or director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be better the please that the please remove carbon papers after death. cithin 24 hours after

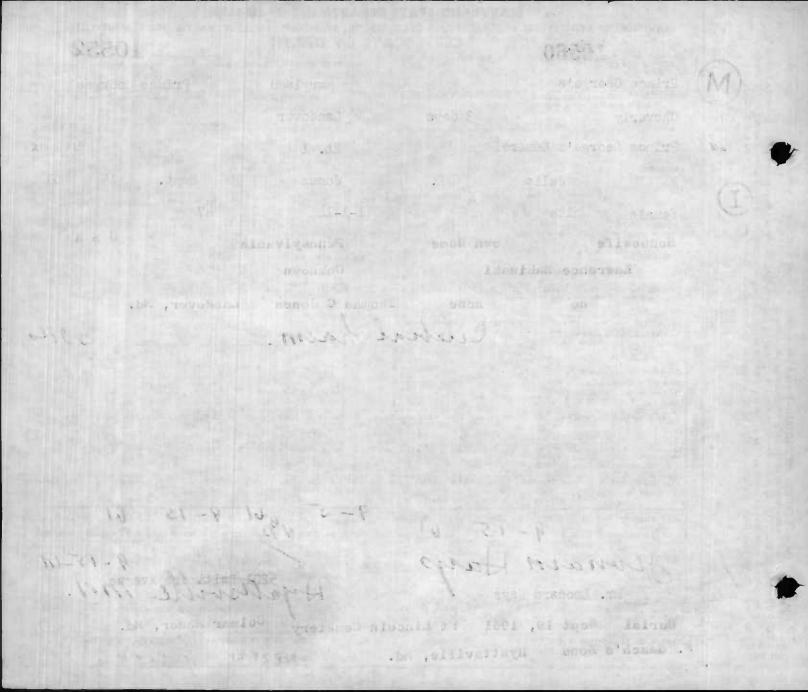
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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7.6550	GERTHIGAT.			10552
. PLACE OF DEATH		2. USUAL RESIDENCE		nstitution: Residence before edmission)
Prince George's	MARYLAND	o. STATE	b. COUN	0
b. CITY OR TOWN (if outside corporate limits.	c. LENGTH OF STAY IN 16	Mary Land		RURAL end give neerest town)
write RURAL end give neerest town)				
Cheverly	3 days	Landover		1 IS DESIDENCE
d. NAME OF HOSPITAL OR INSTITUTION (if not in	n hospitel, give street eddress)	d. STREET ADDRESS		IS RESIDENCE ON A FARM?
Prince George's Genera	1	Rt. 1		YES NOX
NAME OF First DECEASED	Middle	Lest	4. DATE Month	Dey Yeer
(Type or print) Julia	Z.	Jones	DEATH Sept.	15 1961
SEX 6. COLOR OR RACE 7. MA		B. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
T. T. T. J. L		7 7 71.	lest birthdey)	Months Deys Hours Min.
T. CHICATO	OWED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED	1-1-14	yrs.	1 12. CITIZEN OF WHAT COUNTRY
one during most of working life, even if retired)				U S A
Housewife	own Home	Pennsylva		OSA
. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
£awrence Zabins	K1	Unknown		
. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT	Address	
Yes, no, or unkown) (Ifyes give we rordetes of service)	none The	mas C Jones	Landover,	Md.
18. CAUSE OF DEATH [Enter only one cause	per line for (e), (b), add (c),)	1		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	CIADIMAL	halm		ONSEL AND DEATH
IMMEDIATE CAUSE (e)	Court .	Thurst	•	3000
53/X DUE TO				
Conditions, if eny, which (b)				
geve rise to immediate ceuse				
(e), steting the underlying couse lest.				
	CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMIN	IAL DISEASE CONDITION GIV	EN IN PART 1(a) 19. WAS AUTOPSY
				PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS 20e. ACCIDENT WAS UNDERLYING 2Db. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIPTION AND DESCRIPTION OF STREET	A Committee of the Comm	A. A. L D. A. H C. A 40. A	YES NO
200. ACCIDENT WAS UNDERLYING 20b.	DESCRIBE HOW INJURY OCCURED), (Enter neture of injury in r	rent for Pent II of Item 18.)	
		ACE OF INJURY (Home, ferm tory, street, office bldg., etc.		(County) (State)
Hour e.m.	While Not While	iory, siteer, office blug., etc.		
		9-3	1961 10 9-15	10/4 that (I) (wa) la
21. I certify that (I) (this hospital) a		77	6	, 19(f. I, that (I) (we) las
		death occured a	.M, from the causes	and on the date stated above
220. SIGNATURE			AED STAFF	22b. DATE
run ain	tans ,	N.D.	IRECTOR PHYS.	9-13-41
22 PYSICIAN'S NAME (Type)		22d. ADDRESS	201/Baltimene	Avenue 1
Dr. Leonard Hay	S	1 Ma	usvill	- ////
30. BURIAL, CREMATION, 236. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, tox	vn or county) (State)
REMOVAL (Specify) Sept 19, 19	61 Ft Lincoln	Cometer	Colmar Manor	. Md.
FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		D BY REGISTRAR 256. REG	
F. Gasch's Sons Hya	ttsville, Md.			
11.5 0	rustrie, Ma.	DASEP	21'61 Out	us & Klasses

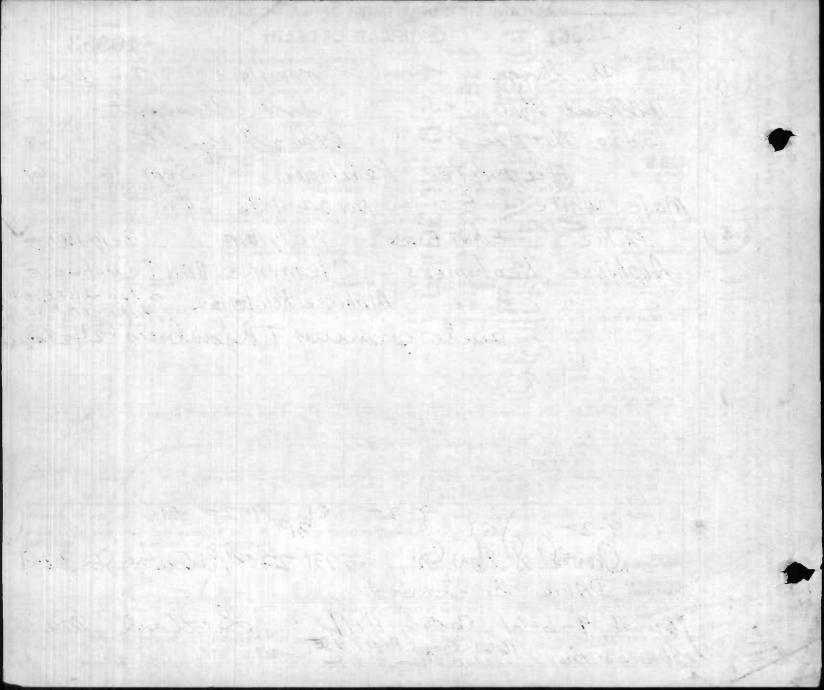


y the funeral directar, 2 shauld be filed with TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haumay be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and the registrar prior to burial, crematian, ar remaval, and in any event within 72 haurs after peath.

VS A15 (4) 15M 9/SB

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 20562 CERTIFICATE OF DEATH Region 53

1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COLINTY
fr. George MARYLAND	O. STATE MARY AND B. COUNTY PN. George
b. CITY OR TOWN (If outside corporate limit), write RURAL ogd give peorest town), ### C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Hilberest Hatts	29 Seat Pleasant
d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION	d. STREET ADDRESS d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
5420-2/st Are SE	6406- Freig St YES NO NE
3. NAME OF First Middle	Lost 4. DATE Month Day Yeor
OECEASED (Type or print) Auguste	RUPMANS DEATH SEPT 2 1961
S. SEX 6. COLOR OR RACE MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
Male White WIDOWED DIVORCED	Nov. 22 1896 64 yrs. Months Doys Hours Min.
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
during most of working life, even if retired) PACKER BIANT Foods	Belgium Relgium
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Alphanse Keylemans	Clemence LAN DeNAheele
	INFORMANT Address
(Yes, no, or unknown) (If yes, give war or dates of service)	Iphonse Key lemans 5420-2/STAVE
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN
PART 1. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (o)	enany Avenuent 2 There
Conditions if any which	
gove rise to immediate	
couse (o), stoting the under. DUE TO	
, 19	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
OF FAX II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 801	PERFORMED?
E 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRE	P. (Enter noture of injury in Port I or Port II of item 18.)
OR CONTRIBUTING I CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. LEINER HOUSE OF IMPORT OF TOTAL OF THEM. 19.7
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PL	LACE OF INJURY (Home, form, 20f. (City or town) (County) (State) actory, street, office bldg., etc.)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED for the p. m. 19 While of work of work	clory, shear, office oldg., etc.)
21. I certify that I attended the deceased fram 9-2-	
0.0 -	h accurred at 3 P M, from the causes and an the date stated abave.
dive diff. dile that death	ADDRESS (Street_city or town, stote) DATE SIGNED
ACTUAL & GRATCH X & maken	115731 72 rd Par On 174 (F 9-7-6)
SIGNATURE X CON SO X . J STORY	mil filt the filter of the state of the stat
PHYSICIAN'S DAVID S. GORDON)
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY C	OR CREMATORY 22d. LOCATION (City, town, or county) (State)
Serial 9-6-61 Colar A	4111 Suttone md
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	R C 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
Assembly Boo 1661-Good No	DE DATE SEP 5 '61 arthur & the con



hin 24 hours after the f TO HOSP LOB ATTENDING PHYSICIAN: The law requires that the death certificate be executed whim 24 how requires that the death. Page 4 may be retained by the hospital or attending physician. S TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely med in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and S be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deap

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

	. U36Z					10554	
1. PLACE OF DEAT	H		2. USUAL RESIDEN	VCE (Where deces	b, COUNTY	on: Rasidance before	admission
Prince Ge	orge's	MARYLAND	Maryland			George's	
	(if outside corporate limits, d give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporat	e limits, write RURAL	and give neerest to	wn)
Riverdale		3 Weeks	Hyattsvil	lle	47		
d. NAME OF HOSP	ITAL OR INSTITUTION (if not in I	hospital, give street address)	d. STREET ADDRESS	5			RESIDENCE
	land Memorial		6216 42nd			YES	NO K
3. NAME OF DECEASED	First	Middle	Last	4. DATE OF	Month	Day Ye	ar
(Type or print)	Harry	C.	Keehler	DEATH	9	19 19	961
5. SEX	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH				ER 24 HRS.
Male	White WIDON		1-8-88	7	3 yrs. Month	s Days Hours	Min.
	TION (Give kind of work orking life, even if retired)	KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Co.	anty & State, or fore	ign country) 12.	CITIZEN OF WHAT	COUNTRY
	Instructor	Navy Yard	New Yorl	k	4	U.S.A.	
13. FATHER'S NAME			14. MOTHER'S MAIDEN				
Howard Ke	ehler		U	nknown			
		6. SOCIAL SECURITY NO. 17.	INFORMANT		Address		
NO NO	(Ifyesgivewarordatasofsarvice)	578-38-6792	Hosp.	recor	ds.		
18. CAUSE OF	DEATH [Entar only one cause pe	er line for (a), (b), and (c).]	-			INTERVAL B	
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Cardiac	arres	1		ONSET AND	DEATH
420.	DUE TO						
Conditions, if an		Reit, m	gocardial	inter	cliam	13	lay.
gave rise to immed	fiate cause	6					-
(a), stating the cause last.							
	R SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERM	INAL DISEASE CO	NDITION GIVEN IN F	PART 1(a) 19. WAS	AUTOPSY
PART II. OTHE						YES T	FORMED?
E 20s ACCIDENT W	/AS UNDERLYING 20b. D	DESCRIBE HOW INJURY OCCUR	FD (Enter natura of injury it	n Part I or Part II of	item 18.)	1153 🖂	NO Z
OR CONTRIBUTING	CAUSE OF DEATH	PER CONTROL TO WITH O COOK	Los (Entos notaro es milar) i				
		d. INJURY OCCURRED 200. P	LACE OF INJURY (Home, fa	rm, 20f. (City or	town	(County)	(Stata)
ZOc. TIME OF INJU	WI	hile Not While fa	actory, straet, office bldg., at		,	,	(5.0.0)
-	17 1	vork at work	2	1	1 +10	7.	
21. I certify	that (I) (this hospital) atte	1 60		177'	Sept 17,		
saw the decea	sed alive on wift	19.6.1., and th	at death occured at.	A.M., from the	he causes and c		
22a. SIGNATURE			ATTENDING .	MED.	STAFF	1 1 10 27	SIGNE
ton	ald E. Kru	m	M.D. PHYS.	DIRECTOR	PHYS.	Tept 19,1	961
22c. PHYSICIAN'S NAME (Type	1 1/	ald E.	4404 Euc	ensbury	Rd. Biv	ierdale,1	NS.
23a. BURIAL, CREMAT	TION, 236. DATE THEREOF	23c. NAME OF CEMETER			ON (City, town or co	ounty)	(State)
Crematho:	0 00 00	Ft. Linco	oln	Blad	ensburg,	Md.	
24 FUNERAL DIRECTO		ADDRESS	1		R 256. REGISTRA	R'S SIGNATURE	
		Lverdale. Md.	DATE	#FD C 4 104		04	
		True delice in the	DAIL	SFP 21 '61	f to The	and therese	

Julie saleta della della della venica di successoria 116 37 CO I a legação espida - Mi Sept. a Calmert aldiversary exects 5 sameya brilli offse Enimore tendint amount, Establish Landing 1.1.89 Coerate Lagrangian Nava Yera Land Toro 20 - 01 GR 61 V - 0 - 9678 - 96 - 678 Bledensbarg, 21. niconti vii 1 18212 most- 1910

OF DEATH Item 7 Film G302 2. USUAL RESIDENCE (Where decessed lived, If institution residence before edmission) . PLACE OF DEATH e. COUNTY b. COUNTY Prince George's Maryland MARYLAND the T b. CITY OR TOWN (if outside corporete limits, write RURAL, and give nearest town). A F c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) c. LENGTH OF STAY IN 1b and þ D. O. A. East Riverdale, Md. .⊆ d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in-hospitel, give street eddress) Prince/Georges/General/Hospital 6708 Hamilton Street completely 3. NAME OF 4. DATE DECEASED ambent DEATH (Type or print) to-within. carbon 8. DATE OF BIRTH 9. AGE (In yeers | IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthdey) and Months Aug 25, 1944 WIDOWED DIVORCED | physician 10e. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (County & State, or foreign country) remove done during most of working life, even if retired) Washington D. C. Student school 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Raymond M Lambert Sara Burgess 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unknown) | (If yes give we ror detes of service) East Riverdal Md Raymond M. Lambert none 1B. CAUSE OF DEATH [Enter only one ceuse per line for (at, (b), end (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO geve rise to immediate cause has the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH BURNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY certificate 95 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) Pake 20d. INJURY OCCURRED 20o. PLACE OF INJURY (Home, fatery, street, office hide 20c. TIME OF INJURY Month, Day, Year White Not While Pa, factory, street, et work et work Hour (e.m.) / 30 DIRECTOR:
3 should be de 21. I certify that (I) (this hospital) attended the deceased from L. SAM 19 and that death occurred at 2:30M, from the causes and on the date stated above. 22e. SIGNATURE ATTENDING DIRECTOR PHYS. PHYS. TO FUNERAL I director, page 3 be filed with the 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Howard 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF Sept 6, 1961 Ft Lincoln Cemetery Colmar Manor, Md. 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) DATSEP 7 F. Gasch's Sons Hyattsville, Md. arthur & Kines 15M 9/60

RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

Prince George's

e. IS RESIDENCE

YES NO

19 61

IF UNDER 24 HRS.

1 12. CITIZEN OF WHAT COUNTRY?

ONSET AND DEATH

PERFORMED?

YES

(County)

NO D

(Stete)

SIGNED

U. S. A.

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ON A FARM?

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D. O.A. Tant Streidale, Mg.

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World Sopt D. 1961 It Lincoln Senstery Colon, Sonor, 34.

F. Meeth's Rons Heattwyllio, 11d.

CERTIFICATE OF DEATH 10564 with directar 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence by or admission) O. COUNTY PRINCE filed o. STATE b. COUNTY. MARYLAND TEORGE ARV death. funeral b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RUBAL and give nearest town) c. LENGTH OF STAY IN 16 RURAL and give nearest town) should BRINI d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS OR INSTITUTION 6310 NAME OF 4. DATE First Middle Lost filled DECEASED OF DEATH 24 (Type or print) Pages 9. AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH last bigthday) WIDOWED [DIVORCED 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS BIRTHPLACE (Stote or foreign country) OR INDUSTRY 111. during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME GATES 0 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT SAME 18. CAUSE OF DEATH [Enter only one couse per 0 PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO that p Conditions, if ony, which (b) gove rise to immediate **DUE TO** couse (a), stoting the underlying couse lost. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY remayal, 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Port II of item 18.) icate 5 õ WEDICAL 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Doy, Year 20f. (City or town) factory, street, office bldg., etc.) o. m While Not while ot work of work 21. I certify that I attended the deceased from ..., 19.6 Lithat I last saw the deceased and that death accurred at 221 M, from the causes and an the date stated above alive an ADDRESS (Street city or town, stote) ACTUAL prior 200 PHYSICIAN'S NAME (Type)

3 shauld be he registrar poge 0

VS A15 (4) 15M 9/55

220. BURIAL CREMATION.

22b.

DATE THEREOF

22d. LOCATION (City, town, or county)

24b. REGISTRAR'S SIGNATURE

22c. NAME OF CEMETERY OR CREMATORY

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

240. REC'D BY REGISTRAR 161

Chrismy S. Kraus

(County)

Reg. Dist. No.

Month

Months

IS RESIDENCE

ON A FARM?

YES NO X

Year

196

Min.

Day

IF UNDER 1 YEAR IF UNDER 24 HES

Hours

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSOT AND DEATH

> PERFORMED? YES [

NO

(Stote)

DATE SIGNED

(Stote)

Days

A H HA HAREST KITCHEN AND READ SELECTION

	1
TO HOSP OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after 55 5 death. Page 4 may be retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete, when in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.
24 h	in by t s 1 and ter deal
" thin	Page . Page
xecuted	papers papers in 72 H
e pe e	carbon carbon nt, with
ertifical	hysician remove any eve
death	please and in
hat the	the atte t. Then smoval,
equires I	it permi
e law re	een sig ial-trans crematic
or afte	the bur the bur burial,
YSICI, hospital	use as prior to
IG PH by the	hed for
ENDIN	OR: Aft e detact opt. of I
B ATT	RECT should b
0 E	LAL Dage 3 sith the
HOSP	FUNER sctor, p
TO I	O TO A
15.	M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

10566 CERTIFICATE OF DEATH

10000						105	57	
1. PLACE OF DEATH a. COUNTY	1	2. USUAL RESI	DENCE (W	here deceas			dence before	admission)
Prince Georges	MARYLAND	a. STATE	D. C.		b. COUNT	TY		/
	GTH OF STAY IN 16	c. CITY OR TO	WN (If outsi	de corporata	limits, write	RURAL end gi	ve neerest to	wn)
	yrs., 2 mos	• ,	Washi	naton		X-	7	-
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give		d. STREET ADD		nguon			e. IS	RESIDENCE
2				C+	NT T.T		agents.	A FARM?
Glenn Dale Hospital	1			. St.			YES	ио 🔀
DECEASED	Middle	Last		OATE OF	Month	D	ey Ye	94
(Type or print) Sic	Foon	Lee	I	EATH	9	1	19	61
5. SEX 6. COLOR OR RACE 7. MARRIED NE	VER MARRIED 3 8.	DATE OF BIRTH	4-3-	9. AC	E (In yeers birthdey)	IF UNDER 1 YEA		R 24 HRS.
Male (Chinese) widowed	DIVORCED	10/15/0	22		g yrs.	Months Dey	ys Hours	Min.
10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF B	USINESS OR INDUSTRY	11. BIRTHPLACE	(County & S	tate, or forei	gn country)	12. CITIZEN	N OF WHAT	COUNTRY
done during most of working life, even if retired) Owner of	Laundry	China				USA		
13. FATHER'S NAME		14. MOTHER'S MA	IDEN NAME					
Lee Him Kong		Chin S	ee					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL (Yas, no, or unkown) (Ifyesgivewerordatesofservice)		IFORMANT			Address			
No - Unkn		edent						
18. CAUSE OF DEATH Enter only one couse per line for (a), (b), end (c).]						INTERVAL BE	
PART I. PEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma	of the li	ver. prob	ably r	netast	atic.		unkno	
	unknown.	, , , , , , , , , , , , , , , , , , , ,						
	CILLIA WILL					0.543		
Conditions, if any, which (b)		-						
(a), stating the undarlying DUE TO						1000		
cause lest. (c)								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION								AUTOPSY ORMED?
Fulmonary tuberculosis far agency resected 8/14/61; addiction	vanced act	historica	ears)	inte	rnal n	emorrh	orus.	NO X
E 20a. ACCIDENT WAS UNDERLYING □ 20b. DESCRIBE HO	W INJURY OCCURED.			or Pert II of it	em 18.)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING Pulmonary tuberculosis far ac resected 8/14/01; addiction 20a. Accident was underlying 20b. describe ho or contributing cause of death (if either, notify medical examiner)								
20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY C	CCURRED 20e PLAC	E OF INJURY (Hom	e. farm. ' 20	of. (City or t	own)	(County))	(State)
Hour a.m. While Not	While facto	ry, street, office bld				, , , , , , , , , , , , , , , , , , , ,		,
21. I certify that (I) (this hospital) attended the								
saw the deceased alive on	9, and that	death occured	at. P M	, from the	e causes a	and on the	date state	d above
22a. SIGNATURE			MED.		TAFF	and the		b. DATE
With wan	м.	ATTENDING PHYS.	DIRECT		HYS.	9	9/14/6:	L
22c. PHYSICIAN'S		22d. ADDRESS	Gle	nn Da.	Le Hos	pital		
NAME (Type) Moe Weiss, M. D.			Gle	nn Da	Le, Md	•		
23a, BURIAL, CREMATION, 23b, DATE THEREOF, 239	IAME OF CEMETERY O	R CREMATORY	230	LOCATIO	N (City, tow	n or county)		Stata)
REMOVAL (Specify) 9-19-11	1 /h/45	h. CeN	1	+11AT	to vi	110	KIX	4
DUNIAR 1 1 10 1 10	1747731	711		17/7/	1001 000	ICTDANIC CIO	NATURE	
24 TUNEPAL DIRECTOR'S DIGNATURE	DDRESS Little	1 // /		/		ISTRAR'S SIG		
11/11 Jel 4 John 3	00 17 8	16 Ca DA	TE SEP 1	9 61	1 an	thun S. H	ralla	

16557 100 Au This south a same that the defent and the same and the same and the envoyage arealest September (Tutaring) (Axian 25) VISALINEED EN SOME SECTION AND SECTION AND SECTION AND SECTION ASSESSMENT Water Loo Messell, T. III.

FOR STATE HEALTH DEPT. y is necessary, is director. Page files. for your ō TO DEPOAT MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the function 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Boar or its designated agent, prior to burial, cremation, or removal, and in any every within 72 hours after death.

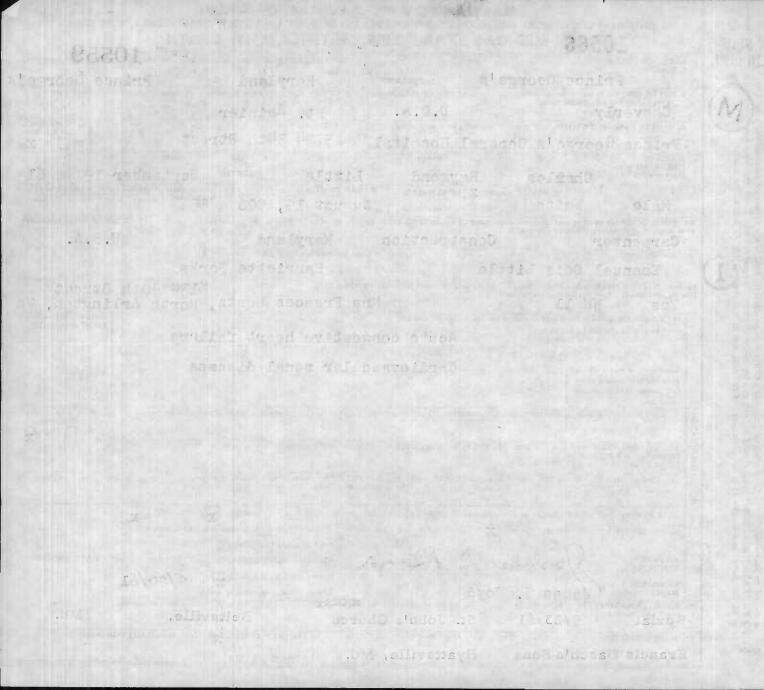
VS. A15ME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

10566 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If institution and income admission)
Prince George's MARYLAND	Maryland Prince George
b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)
write RURAL end give neerest town) Cheverly D.O.A.	7 Mt. Rainier
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give straet address)	d. STREET ADDRESS e. IS RESIDENCE
Prince George's General Hospital	J 3724 34th Street YES NO X
3. NAME OF First Middle DECEASED	Last 4. DATE Month Dey Year
(Type or print) Charles Raymond	Little DEATH September 19 19 61
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS, Is UNDER 1 YEAR Hours Min.
Male White WIDOWED DIVORCED .	August 14,1906 55 yrs. Months Deys Hours Min.
108. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Carpenter Construction	Maryland U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Emanuel Odis Little	Harriette Parks
	INFORMANT 4134 40th Street
Yes WW 11	rs Frances Lentz, North Arlington, Va
18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), end (c).]	INTERVAL BETWEEN
DART I DEATH WAS GAUGED OV	ONSET AND DEATH
IMMEDIATE CAUSE (a) ACUTO CON	gestive heart failure
942X DUE TO	
Conditions, if eny, which gave rise to immediate cause	cular renal disease
(e), steting the underlying DUE TO	
causa last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED?
No.	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO. 200. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CONTRIBUTING CONTRIBUTIONS CONTRIBUTION	Enter neture of injury in Pert I or Pert II of item 18.)
20c, TIME OF INJURY Month, Dey, Year 2Dd. INJURY OCCURRED 2De. PLA	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Dey, Year 2Dd. INJURY OCCURRED 2De. PLA Hour s.m. While Not While fect of work et work	tory, street, office bldg., atc.)
21. I certify that I took charge of the remains described above, he	ald an Autopsy , Inspection , Inquiry , and in my opinion
	ide Homicide Undetermined manner
	CHIEF MEDICAL EXAMINER
ACTUAL James & Baye	ASSISTANT MEDICAL EXAMINER DATE SIGNED
SIGNATURE	M.D. DEPUTY MEDICAL EXAMINER Q /20/61
EXAMINER'S NAME (Type) James I. Boyd	Address (Street, city, town, or county)
22e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF St. John's Ct. John's Ct.	3.61
23. FUNERAL DIRECTOR ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Francis Gasch's Sons Hyattsville, 1	Md. DAKEP 21 '61 Golding & France
	DEF & I VI CANNOT A, DOMOS



VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

										1	
	PLACE OF DEATH						NCE (Whara	daceasad livad, If I		ideolobile	admission)
	Prince	George		MARYLAN	a. ST.		land	b. COUN		ce Ge	Orge
		f outsida corporate limits,	10	LENGTH OF STAY IN	1b c. Cli	Y OR TOWN	(If outside cor	porate limits, writa	RURAL and g	iva nearest	lown)
	Cheverl	giva nearest town)		7 days	. 63	Rl ad	enshure	y Hyatts	wille		
-		TAL OR INSTITUTION (if not	in hospit			REET ADDRESS		11yacco	ATTIG	0.	S RESIDENCE
1	7	eorge General			1	4527	Buchan	nan Stree	t	YES	ON A FARM?
	NAME OF DECEASED	First		Middle	1	Last	4. DATE			Day	Year
	(Typa or print)	Dan		gene	Le	wis	OF DEAT	Sepy			181
5.	SEX	6. COLOR OR RACE 7. A	MARRIED	NEVER MARRIED	B. DATE OF	BIRTH		9. AGE (In years last birthday)	Months Da		DER 24 HRS.
	Male	11000000	DOWED	DIVORCED [Sep	t. 2,	1961	yrs.	7		
10a doi	 USUAL OCCUPATION na during most of wo 	ION (Giva kind of work rking lifa, aven if ratirad)	10b. KINI	OF BUSINESS OR INDI	USTRY 11. BIR	THPLACE (Con	unty & State, o	r foreign country)			AT COUNTRY?
						Maryl	and		U. S	5. A.	
13.	FATHER'S NAME				14. MOT	HER'S MAIDE	NAME		V-1-12		7.17
		Dan Hurl Le	wis			Barba	ra Ann	Pannebak	er		
		ER IN U.S. ARMED FORCES?		CIAL SECURITY NO. 1	17. INFORMA			Address			
100	s, no, or unxown, (i	1 yas giva wai oi daias oi sarvic	ej		н	nanita	l Recor	A.			
	18. CAUSE OF D	EATH [Enter only one caus	se per line	for (a), (b), and (c).		DOLLOG	1 110001	. 114.		INTERVA	BETWEEN
		H WAS CAUSED BY: IMMEDIATE CAUSE (a)			(Tell	ecto	en		ONSELA	ND DEATH
	7625	DUE TO				10	-	0	_		
	Conditions, if any	, which) (b)			/	THE	wal	wy			
	gava rise to immedi	iate causa									
	(a), stating tha u causa last.	nderlying									
7		(c) R SIGNIFICANT CONDITION	IS CONTR	INITING TO DEATH BU	T NOT RELATED	TO THE TERM	AINAL DISEAS	E CONDITION GIV	FN IN PART 1	(a) 19. W.	AS AUTOPSY
101	TAKI II, OTILLI	Colonia (colonia)			. , , , , , , , , , , , , , , , , , , ,					P	ERFORMED?
ICA										YES	NO I
CERTIFICATION	OR CONTRIBUTING	AS UNDERLYING [] 20 CAUSE OF DEATH MEDICAL EXAMINER)	b. DESCR	IBE HOW INJURY OCC	URED. (Enter nat	ura of injury i	n Part I or Part	II of ifem 18.)			
N.	20c. TIME OF INJU	RY Month, Day, Yaar	20d. IN.	JURY OCCURRED 20e	. PLACE OF INJ			ity or town)	(Count	у)	(Stata)
MEDIC,	Hour a.m. p.m.	19	Whila at work [Not Whila at work	factory, streat,	office bldg., a	ic.)	2/0			
	21. I certify t	hat (I) (this hospital)	attende	d the deceased from	om 9.1	L	15.e.f., to	S	, 19.6	that (I) (we) last
		sed alive on 91	0	196 , and	. /	ccured at	M, fro	m the causes	and on the	e date si	ated above.
	22a. SIGNATURE	1 . 10	1	•	T						22b. DATE
	In	w Un	lai	-	M.D. PHYS	NDINO	MED. DIRECTOR	STAFF PHYS.			SIGNED
	22c. PHY SICIAN'S					ADDRESS	TT	L C1	. 4 77		
	MAME (Typa)					530.	1 Hamil	ton Stre	et, Hy	attsv	ille, Md
23:	BURIAL, CREMATI	Dr. W Pe		S 23c. NAME OF CEMET	ERY OR CREMA	TORY	23d. LO	CATION (City, tow	n or county)		(Stata)
F	REMOVAL (Specify)			Evergree			Ra	ldensbur	α		Md.
_	FUNERAL DIRECTOR			ADDRESS	.11	25a P		STRAR 256. REC		GNATURE	TALCE.
1			T 44						thun & to		
1	. Gasch'	s pons	ayatt	sville, Ma	ryland	DATES	EP 13'6	1 Ch	Um7 d. 11	NAULA .	
2	077161	XVO									

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Maryland baskyrald

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The secretary of the second section of the

Burial Elyabeth Evergroom pagements

H. Casch's Sons Hyattoville, Maryland Grant Burn Canton Many

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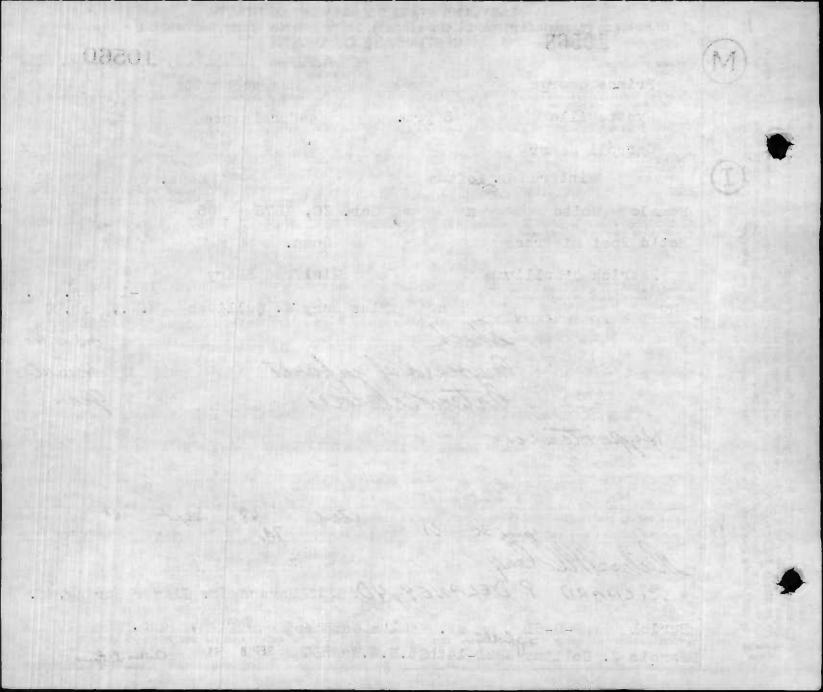
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MARYLAND STATE DEPARTMENT OF HEALTH

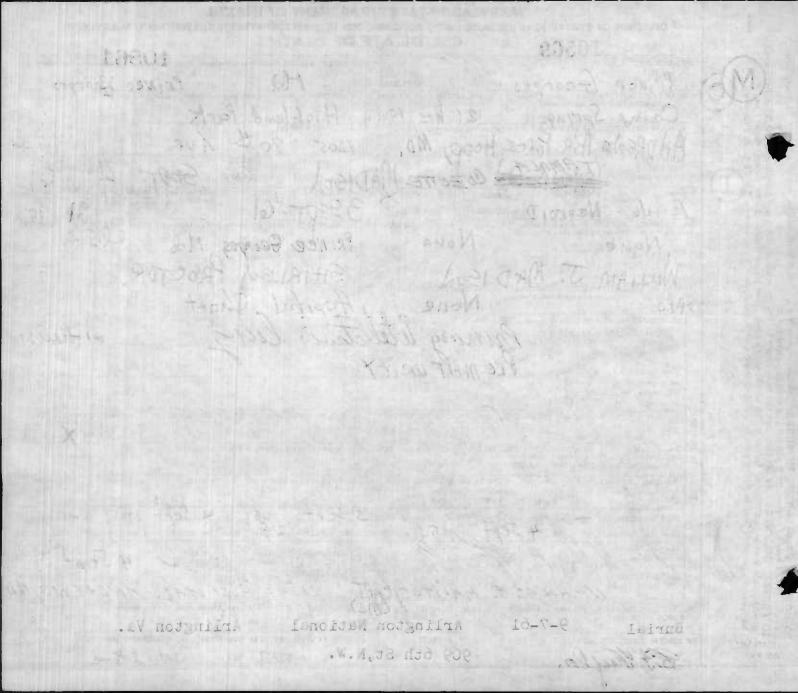
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1.	PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE	CE (Where de			Resident	before	edmission)	
	Prince George	MARYLAND	a. STATE Mas	sachu	setts	NI Y			1	
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (II	Mary Committee of the C	10	e RURAL a	nd give	neerest to	vn)	
_	Lyattsville	5 yrs.	New Br	aintr	00					
	d. NAME OF HOSPITAL OR INSTITUTION (if not in h	ospitet, give street eddress)	d. STREET ADDRESS			50	L		A FARM?	
1	Carroll Manor		•			70.	15	YES] NO []	
3.	NAME OF First DECEASED (Type or print) Winifred S.	Loftus	Lest	4. DATE OF DEATH	Sept		Day	Y = 19		
5.	SEX 6. COLOR OR RACE 7. MARI	RIED NEVER MARRIED 8	DATE OF BIRTH	9.	AGE (In yeers	and the same of th			R 24 HRS.	
	Female White wood		ct. 30, 18"	75	last birthday) 85 yrs.	Months	Deys	Hours	Min.	
d	one during most of working life, even if retired) Retid Post Mistress	KIND OF BUSINESS OR INDUSTR	Conn.	ty & State, or	loreign country)		JSA	FWHAT	COUNTRY?	
13	. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME						
	Patrick O'Sullivan	ı	Winifred	1 Seen	.y					
15 (Y	. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 as, no, or unkown) (Ifyas giva war or datas of service)	6. SOCIAL SECURITY NO. 17. I	NFORMANT	17/19	Address	489	l Cc	nn.	ve.	
	no	no III	ss Mary W.	Sulli	van	W.W.	. 110	sh.1	OC -	
	18. CAUSE OF DEATH [Enter only one cause pe		*				INT	ERVAL BE		
	PART I. DEATH WAS CAUSED BY:	hock						MELLE	- And	
	4) 0 1 DUE TO 0	1-	1 1							
	Conditions, if eny, which	ILANGE & KLAI	MILLENET				1	21111	ute	
	geve rise to Immediate ceuse		1 /)							
	(e), steting the underlying DUE TO Art Day and a Corner of									
-	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY									
l e	PART II. OTHER SIGNIFICANT CONDITIONS CO.	DITTRIBUTION TO DEATH BUT NO	T KEEKTED TO THE TERMIN	THE DISERSE	CONDITION OF	, 214 114 174		PERF	ORMED?	
S	Hypertenner							YES	NO [
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. D OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURED	. (Enter neture of injury in F	Pert I or Pert II	of item 18.)					
SAL S	20c. TIME OF INJURY Month, Dey, Yeer 20c		CE OF INJURY (Home, farm		or town)	(Co	ounty)		(Stete)	
MEDICAL	Hour a.m. When the street was a street with the street was a street was a street with the street was a street was	rork at work	ory, street, office bldg., etc.	7						
1	21. I certify that (I) (this hospital) atte		Ous	19 53 10.	Sou		61	hat (I)	(we) las	
	saw the deceased alive on Gather.	30 1961 and that	death occured at.7	A.M. from	the causes					
	22a. SIGNATURE	71,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							b. DATE	
	N. 7 1191/- Vass		DUNG TO D	AED.	STAFF PHYS.				SIGNED	
	722c. PHYSICIAN'S	M	22d. ADDRESS				-			
	NAME (TYPO) P. D	ELANEY MI	2. 4323 Hav	ard S	t. Sil	ver.	Spr	ina.	nd.	
23	Ba. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY			ATION (City, to				Stata)	
	REMOVAL (Specify) Burial 9-9-61	. St. Paul's	Cemetery	Warı	en, la	38.				
24	FUNERAL DIRECTOR'S SIGNATURE 7 9 Cal	lin ADDRESS			TRAR 25b. RE	GISTRAR'S	SIGNA	TURE		
L	rancis J. Collins 382	21-14thSt.W.W	. WashDCDATE	SEP 8 '	61	arthur	8. to	ince		
-										



301 W. PRESTON STREET, BALTIMORE 1. MARYLAND DIVISION OF STATISTICAL RESEARCH AND RECORDS. CERTIFICATE OF DEATH 0569 2. USUAL RESIDENCE (Where deceased lived, I 1. PLACE OF DEATH e. COUNTY INCE MARYLAND 200962 c. CITY OR TOWN (If outside corporate limits, write RURAL and b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 10411 .= " pa e. IS RESIDENCE giva straat eddress ON A FARM? YES NO DATE Year complete DECEASED DEATH (Type or print) within carbon 9. AGE (In yeer IF UNDER 24 HRS. IF UNDER 1 YEA and lest birthday) Months Devs WIDOWED DIVORCED physician 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF 10b. KIND OF BUSINESS OR INDUSTRY (County & State, or foreign country) COUNTRY remove done during most of working lifa, even if retirad) DUC 13. FATHER'S NAME please affending IN U.S. ARMED FORCES Then nd, or unkown) | (If yes give we ror detes of service) INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse signed by PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) burial-transit gava risa to immadiete causa DUE TO (a), steting the underlying cause lest. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) | 19. WAS AUTOPSY certificate CERTIFICATION PERFORMED? as 0 NO use prior 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Pert II of item 18.) 20a. ACCIDENT WAS UNDERLYING T OR CONTRIBUTING [CAUSE OF DEATH for (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dev. Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Steta) factory, street, office bldg., etc.) While Not While Hour a.m. et work at work p.m. DIRECTOR: 21. I certify that (this hospital) attended the deceased from 3. 196.1., to... JCAT, 19.6.1, that (+) (we) last .19.6 saw the deceased alive on... 22b. DATE 220. SIGNATURE SIGNED ATTENDING MED DIRECTOR PHYS. PHYS. M.D. FUNERAL ector, page 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF COME TO REMATORY death. 23a. BURIAL, CREMATION, 23b. DATE THEREO! REMOVAL (Specify) É B TO 9-7-61 Arlington National Arlington Va 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 909 6th St, N.W. 15M 9/60 DATEEP 7 Cirthur S. Kraus

ARYLAND STATE DEPARTMENT OF HEALTH



FOR STATE **HEALTH DEPT** files: Health, eral director. Page is necessary, 2 mits the State Board of TO DEFLOY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the ture 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

10570 MEDICAL EXAMINER'S	CERTIFICA	TE OF DEATH	0500
PLACE OF DEATH COUNTY		CE (Where decessed lived, If institution	estate Donandmission)
Prince George's MARYLAND	•. STATE Penn	sylvania Mo	ntgomery
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL end	give meerest town
Cheverly	Norris	town	/ X
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS		IS RESIDENCE ON A FARM?
Prince George's General Hospital	1750 Pow	ell Street	YES NO Z
3. NAME OF First Middle DECEASED	Last	4. DATE Month	Day Yeer
(Type or print) Angeline Mande 5. SEX 6. COLOROR RACE 7 MARRIED NEVER MARRIED 18	racchi	September	8. 1961
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	. DATE OF BIRTH	9. AGE (In yeers IF UNDER 1 last birthdey) Months	YEAR IF UNDER 24 HRS.
	pril 13, 1	917 44 yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (State	or foreign country) 12. CITI	ZEN OF WHAT COUNTRY
Machine Operator Garment Mfg.	Norristo	wn, Penna. U.	S. A.
Joseph Venezia	Maria Tu		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1		Address	
(Yes, no, pr.unkown) (Ifyesgivewerordetesofservice)	incent Ven	ezia Chalfont	. Penna.
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	THOUSE A CH	CZIA CHAILOHU	I INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (e) Hemorrhage 8	and shook		ONSET AND DEATH
8 / 6 DUE TO	are Silook		
Conditions, if eny, which) (b) Crushed ches	t fractur	e of the skull	-
gava rise to immediate cause	, rraount	C OI ONG BRAIL	
(a), stelling the underlying cause last. (c)			
	T RELATED TO THE TERMIT	NAL DISEASE CONDITION GIVEN IN PART	
			PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 208. EXTERNAL CAUSE WAS PRIMARY OF OCONTRIBUTING CAUSE OF DEATH	inter nature of injury In Per	t I or Pert II of item 18.)	x
0 2	ory, street, office bldg., etc.	other, automobile	hty) (State)
Hour e.m. While Not While	ite 301	Upper Marlbo	ro P.G. N
21. I certify that I took charge of the remains described above, he		Inspection , Inquiry ,	and in my opinion
death resulted from: Natural causes , Accident Suic	ide , Homicide	, Undetermined manner	
	CHIEF MEDICAL	EXAMINER	
ACTUAL SIGNATURE Ja Degel	ASSISTANT MED	ICAL EXAMINER	DATE SIGNED
EXAMINER'S	DEPUTY MEDICA	L EXAMINER K	t. 8, 1961
	Address (Street,	city, town, or county)	- C, 1301
NAME (Type) JAMES I. BOYD, M.D. 120. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF REMOVAL (Specify)	CREMATORY	22d. LOCATION (City, town, or country)	(Stele)
Buri al 9-12-19/0/ St. Patric	kla	Norristown, P	enne
23. FUNERAL DIRECTOR ADDRESS Riverd	ale, Md .24a. REC	O'D BY REGISTRAR 24b. REGISTRAR'S SI	GNATURE

W. W. Chambers, 5801 Cleveland Ave.

SEP 13 '61

DATE

William S. Thous

VS. AISME 5M 9/60

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Maria Tulone

SEANNING Vincent Veneria Challont, Senne.

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He do do dellaster rette reading as been

10: Marx - 9/8/ Steel rent Route 101 | Uncer Mer Loro E.O.

LAMES I. HOYD, 1.D.

. Burner JE - 1/2/1-54. St. February 108.

W. W. Charleten, 5801 dlavelend ave,

300 S. B. 1981

A . Shirts (Misself)

Division of STATISTICAL RESEA **BALTIMORE 1. MARYLAND** 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) COUNTY MARYLAND OR TOWN (if outside corporate limits c. LENGTH OF STAY IN 16 te RURAL and give nearest town) OR INSTITUTION (if not in hospital, give street address) Lee NAME OF DATE Month DECEASED OF (Type or print) DEATH with 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR 72 yrs. Months WIDOWED T 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) 2 borER pages 1 within PM3. 13. FATHER'S NAME File George 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. I with for (Yes, no, or unkown) | (Ifyesgive were rdates of service) 18. CAUSE OF DEATH [Entar only one cause par line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Office levor DUE TO Conditions, if any, which gave rise to immediate cause 10 DUE TO (a), stating the underlying as Examiner 50 cause last. pesn PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 8 cremat Medical CERTIFICA pluods 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | MEDICAL EXAMINER: e CAUSE OF DEATH. Chief age 3 age 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, ! 20f. (City or town) 0 factory, street, office bldg., etc.) Hour e.m. While Not While the 0 prior at work at work exacute the certificate, forwarded to the L DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry X death resulted from: Natural causes Accident Suicide Undetermined manner Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER FUNERAL SIGNATURE should be NAME (Type) Address (Street, city, town, or county) DEF 9989 22a, BURIAL, CREMATION. 40 9 0 24a. REC'D BY 24b. REGISTRAR'S SIGNATURE VS. A15ME DATE SEP 2 0 '6 5M 9/60 Orthur S. Kraus

YLAND STATE DEPARTMENT OF HEALTH

e. IS RESIDENCE ON A FARM?

YES NO IN

19

Hours

12. CITIZEN OF WHAT COUNTRY

U.S.A.

INTERVAL BETWEEN ONSET-AND DEATH

> WAS AUTOPSY PERFORMED?

(County)

NO D

(State)

and in my opinion

DATE SIGNED

IF UNDER 24 HRS.

Day

Cacoli - mass to testina remain The same and the same of the s The state of the s Florence Baker Triangle The Carrial 9-20-61 Smith thell Quer THE E WALLES OF THE STATE OF THE PARTY OF TH

funeral hours after .= filled paper physician and ent, please aftending hospital or attending physician. certificate has been signed by the burial-transit the 8 0 use prior detached for may be retained by the DIRECTOR: After this Health 99 plnods the the death. Ge 4 to FUNERAL 1 director, page 3 be filed with the

VR A15 (4)

15M 9/60

MARYLAND STAT **DIVISION OF STATISTICAL RESEARCH** ESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: e. COUNTY AINCE 6 20 n4 reonue b. CITY OR TOWN (if outside corporete I mits, c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) c. LENGTH OF STAY IN 16 write BURAL end give neerest town) hevenLI 30 mIN d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO 14 2 UNG ENERAL NAME OF DATE Month Dey DECEASED 1961 (Type or print) DEATH RLOW 5. SEX B. DATE OF BIRTH AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED LIEVER MARRIED lest birthdey) Months Hours MALE WIDOWED April 21. 1909 DIVORCED T USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER' Katherine Ellen Hammond 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yes, no, or wokown) | (If yes give wer or detes of service) Lydia H. Marlow Same as # 2 Wife 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: ULMONANY 2 hns IMMEDIATE CAUSE (e) DUE TO STENOSIS Conditions, if eny, which (b) geve rise to immediate cause DUE TO (a), steting the underlying screno Tic HEART J) 15 e AS e PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO T eneditary 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ' 20f. (City or town) (County) (Stete) Month, Dev. Year fectory, street, office bldg., etc.) Not While While et work at work 21. I certify that (I) (this hospital) attended the deceased from June .3.0....., 19.6.1 that (I) (we) last .19. 6.), and that death occured a 3.4. M, from the causes and on the date stated above. saw the deceased alive on.... DATE 22e. SIGNATURI SIGNED ATTENDING DIRECTOR PHYS. PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23e. BURIAL, CREMATION, 23b. DATE THEREO XXXXXBurial 10/2/61 Ft. Lincoln Colmar Manor. Md. 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE arthur & Kraus '61 Hyattsville, Maryland DATE OCT 2 F. Gasch's Sons

Pagul The state of the s The second Chevensy stance from Ph. - a difference - to see a fine of the former. The second secon america di seritoria Acres 3 your more than the 3 41 5 14 11 17 1 17 1 19 3783 PATERNA CONTRACT PROCESS 1 1 1 stractioney tencomment ATHYIN 1/201 Promise it is here to be the same in the continue of e and and a E. Carabi Suns Eyallaville, haryland "in the Carabi Suns

DIVISION OF STATISTICAL RESEARCH AND CERTIFICATE OF DEATH funeral PLACE OF DEATH ar) COUNTY a. STATE by the and 2 sideath. MARYLAND CITY OR TOWN (if outside corporete limits, write RURAL and give naarest lown) c. LENGTH OF STAY IN 16 in by Pages filled NAME OF HOSPITAL not in hospital, giva street hours papers. 3. NAME OF DATE DECEASED comple OF (Type or print) DEATH within carbon 5. SEX COLOR OR RACE NEVER MARRIED and WIDOWED Y DIVORCED physician 10a. USUAL OCCUPATION (Give kind of work remove 10b. KIND OF BUSINESS OR INDUSTRY (County & State. most of working life eren if retired ou 13. FATHER'S NAME MOTHER'S MAIDEN NAME please attending WAS DECEASED EVER IN U.S. ARMED FORCES? Then 16. SOCIAL SECURITY NO. INFORMA law requires that the removal, (Yes, no, or unkown) | (If yes give war or dates of service) signed by the Dermit. 18. CAUSE OF DEATH [Enter only one cause der line for (a), (b), and (c) physician. PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) the burial-transit attending Conditions, if any, certificate has been gave risa to immediate cause DUE TO (a), stating the underlying burial. causa lasi ō CERTIFICATION the hospital SE 0 use prior 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) for After this (IF EITHER, NOTIFY MEDICAL EXAMINER) Health be detached be retained by 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Dey, Year factory, street, office bldg., etc.) While Not While Hour a.m jo DIRECTOR: / at work at work 19 p.m Dept. 21. I certify that (I) (this hospital) attended the deceased from pluods State saw the deceased alive on. ... and that death occured a 22a. SIGNATURI ATTENDING MED. DIRECTOR PHYS. FUNERAL I 22d. ADDRESS 22c. PHYSICI NAME Typal director, I CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, EMOVAL (Specify) OI 25a. REC'D BY REGISTRAR DIRECTOR'S SIGNATUR

VR A15 (4) 15M 9/60

STREET, BALTIMORE 1, MARYLAND

65

afore admission) 2. USUAL RESIDENCE (Where deceased lived, If institution muce TOWN (If outside corporate limits, write RURAL and give naarest town) IS RESIDENCE ON A FARM? YES NO V Month 19 AGE (In years IF UNDER 24 HRS. last birthdey) Months Hours

12. CITIZEN OF WHAT COUNTRY? of foreign country)

(State)

ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) | 19. WAS AUTOPSY PERFORMED?

NO

20f. (City or town) (State) (County)

.M. from the causes and on the date stated above.

22b. DATE SIGNED PHYS.

23d. LOCATION (City, town or county) 25b. REGISTRAR'S SIGNATURE

DASEP

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

					10	566				
1. PLACE OF DE	ATH		2. USUAL RESIDEN	CE (Where daceesed lived, I		dence before admission)				
	CE GEORGES	MARYLAND	°. STATE MARYLAND	b. col	PRINCE	GEORGES				
b. CITY OR TOV	WN (if outside corporete limits, L end give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	If outside corporata limits, wr	ite RURAL and give	va nearest town)				
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	WS AIR FORCE BASE	3 DAYS	SUITLAND							
	OSPITAL OR INSTITUTION (if not in ho	spitel, give street address)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?				
US AT	R FORCE HOSPITAL		3456 HOM	IER AVENUE		YES NO X				
3. NAME OF	First	Middle	Last	4. DATE Mon	oth D	y Yeer				
(Type or print)	DANIEL	WAYNE	MARSHALL.	OF DEATH SEPT	EMBER 1	19 61				
5. SEX	6. COLOR OR RACE 7. MARRI		B. DATE OF BIRTH	9. AGE (In yeer	IF UNDER 1 YEA					
MALE	CAUCASIAN WIDOW		12 SEPTEMBER	last birthdey	Months Dey	s Hours Min.				
	UPATION (Give kind of work 10b. N	IND OF BUSINESS OR INDUST		nty & State, or foreign country	y) 12. CITIZEN	OF WHAT COUNTRY				
done during most of NON	of working lifa, aven if retired)	NONE	MARYLAND		I TIMIT II	UNITED STATES				
13. FATHER'S NAM		NONE	14. MOTHER'S MAIDEN		ONTI	ED STATES				
HADOLD	GENE MARSHALL		TANET TO	ITOU TIME						
		SOCIAL SECURITY NO. 17.		ISE TITUS	55					
	n) (If yas give we ror dates of service)	NONE	FATHER	C	AME AS I	TEM #2				
NO I IB. CAUSE (OF DEATH [Enter only one ceuse per		PATHON	3		INTERVAL BETWEEN				
PART I. DEATH WAS CAUSED BY: DECDIDATION INCIDENCE										
IMMEDIATE CAUSE (a) RESPIRATORY INSUFFICIENCY										
	DUE TO									
	Conditions, if eny, which (b) PREMATURE BIRTH WITH IMMATURITY									
geve rise to immediate ceuse (a), stelling the underlying DUE TO										
ceuse lest.	(a), stelling the underlying									
(6)										
į į	PERFORMED? YES NO									
OR CONTRIBUT	TING CAUSE OF DEATH	CRIBE HOW INJURY OCCURE	D. (Enter neture of injury in	Pert I or Pert II of item 18.)		4 5				
20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete) Hour a.m. 49 While Not While at work										
21. I certify that (this hospital) attended the deceased from 12 September 19 61, to 14 September 19 61, that (we) last										
saw the deceased alive on 14 September 961, and that death occurred at the causes and on the date stated above.										
22e. SIGNATI	URE / A Y	10	ATTENDING MED. STAFF 22b. DATE SIGNED							
	1 of 16 11	Coore		DIRECTOR PHYS.	1	14 Sep 61				
22c. PHYSICIAN'S			22d, ADDRESS							
NAME (Type) JOHN A MOORE, Major USAF MC USAF HOSPITAL, ANDREWS AFB, WASH 2.										
3a. BURIAL, CRE	MATION, 236. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, 1	lown or county)	(Stete)				
REMOVAL (Sp.	pcify)	Washington Na	at'l Cem.	Suitland Rd/	.Pr.Geo.	Co. Md.				
	CTOR'S SIGNATURE	ADDRESS		C'D BY REGISTRAR 25b. R						
	bers Co., 51711t				arthur 8. 1					
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DIVISION OF STATISTICAL RESEARCH PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) b. COUNTY GEORGES. by the and 2 death. KINCE MARYLAND PRINCE GEORGES. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporata limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporete limits, þ HYATTSUKLE URAL - ADELPHI led in l d. NAME OF HOSPITAL OR INSTITUTION (if not in bospite), give street address) d. STREET ADDRESS Beechwood BRANCH NURSING HOME. 3. NAME OF DECEASED FSTOLLE DEATH MASON (Type or print) 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) and Months WIDOWED M DIVORCED 10e. USUAL OCCUPATION (Give kind of work physician гетоуе 10b. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) Home House wife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please ding NeTTIE aften 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17: INFORMANT Then Home Record (Yes, no. or unkown) | (If yes give war or dates of service) PAINT BRANCH NURSING AlO 18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), end (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO geve rise to immediate cause DUE TO (a), steting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(18) 19. WAS AUTOPSY certificate 30 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of item 18.) d 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 1 20f. (City or town) factory, street, office bldg., etc.) Not While While Hour e.m. et work et work 21. I certify that (I) (this hospital) attended the deceased from..... 1951, and that death occured at 10 M, from the causes and on the date stated above. saw the deceased alive on.... 22a. SIONATURE ATTENDING PHYS. DIRECTOR PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S 23d. LOCATION (City, town or county) 23e. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) BIADENSBURG EMETERY BURIA 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

WASHINGTON, DC

MARYLAND STATE DEPARTMENT OF HEALTH

e. IS RESIDENCE ON A FARM?

YES NO

19 6/

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

NO

(State)

22b. DATE

SIGNED

12. CITIZEN OF WHAT COUNTRY?

USA

(County)

arihur S. Thous

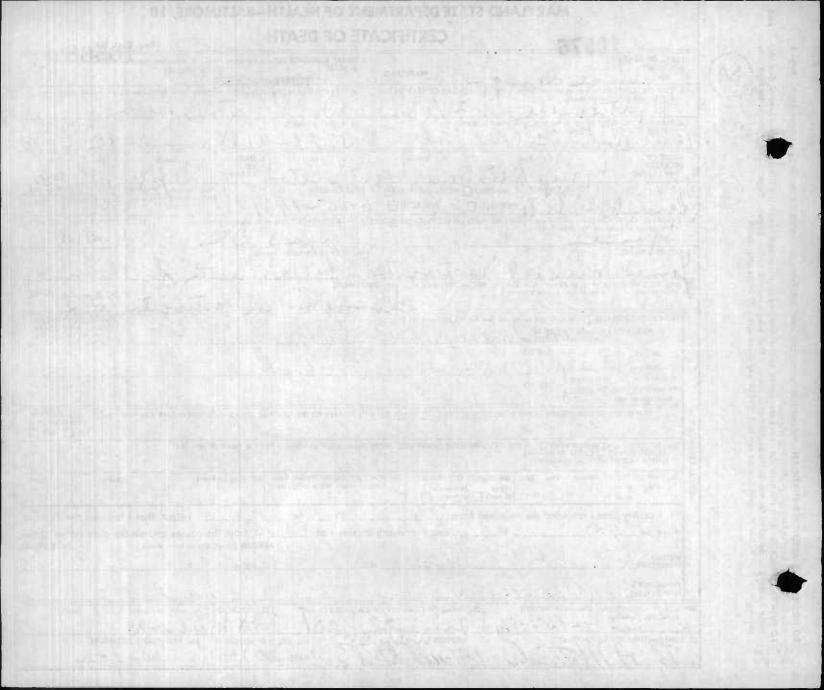
DATSEP 21 '61

death. Page 4 VR A15 (4) 15M 9/60

24 FUNERAL DIRECTOR'S SIGNATURE

THEFT COMMENTS DEPOSITE STATE STATE OF THE Land Bours of a country that it Three of the said AMERICA LETTERS 99 3747-7 208 3 Merchant For I Louis Mexica over Potice No mis Ayan Alone Buckey winding ware it could we me the sold for tweet Courses Blackers Tiende A STATE OF THE PARTY OF THE PAR WASHINGTON, TO SEED OF TOTAL TOTAL

1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
* >=		10576 CERTIFICATE OF DEATH
Poge With		PLACE OF DEATH COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence Defore domission) o. STATE b. COUNTY
funeral		b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) RURAL and give nearest town) A //2 has been selected town.
450 day	1	d. NAME OF HOSPITAL (If got in hospital, give street address) OR INSTITUTION Frame for Children 37/3- alahan and for yes \(\text{Normal} \) NO H
ithin 24 ho ly filled in Poges 1 on		NAME OF DECEASED (Type or print) Many Kathley Mantager 196/
3 5	52	enale White WIDOWED DIVORCED 6-157-1961 lost birthday) Months Doys Hours Min.
executed on papers. deoth.	L	. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) What De 12. CITIZEN OF WHAT COUNTRY Y. S. A
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ing physic remays	15	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Addr
e attend en pleon of within		18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Microcle phaly (Cerebral aganga) Line Part I. DEATH WAS CAUSED BY:
d by the		Canditions, if any, which) (b) hundlight congenital defeats light, on
require		gove rise to immediate cause (a), stating the under-lying cause last.
physic physic hos bee rial-tro moval,	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
trending hificate the bu	AL CERTIFI	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
PHYSE tol ar o this cer or use a remation	MEDICA	20c. TIME OF INJURY Manth, Day, Year Mour a. m. p. m. 19 20d. INJURY OCCURRED While Not while of work of ot work of other of work o
NDING e haspi : After ched fo		21. I certify that I attended the deceased from 7/10, 196/, to 9/13, 196/, that I last saw the decease alive an 9/13, 196/, and that death accurred at 3/9/14, from the causes and an the date stated above
RECTOR be deto ior to b		ACTUAL SIGNATURE Thomas A. Christinsky, M.D. College ark 9/13/6/
Should the istror principle		PHYSICIAN'S I, A. (Thristensen leges, land
moy be reference page 3 shoulthe registror	220	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY, 22d, LOCATION (City, town, or county) REMOVAL (Specify) 9-15-1961 Olivation 991
VS A15 (4) 15M 10/57	23.	FUNERALDIRECTOR'S SIGNATURE ADDRESS WASH DE 240. REC'D BY REGISTRAR'S SIGNATURE ADD
	.9	VVVVVXVV/



DIVISION OF STATISTICAL RESEARCH AND RECORDS RESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) e. COUNTY b. COUNTY e. STATE by the and 2 death. MARYLAND OF b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give gearest town) Ś write RURAL and give neerest fown .⊑ papers. Pages 1 n 72 hours after led d. NAME OF HOSPITAL OR INSTITUTION (if a. IS RESIDENCE ON A FARM? YES NO 3. NAME OF First Middle DATE Month Last complete DECEASED OF XWE (Type or print) DEATH 196 within and cor 5. SEX 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. DATE OF 7. MARRIED NEVER MARRIED BIRTH last birthdey) Months Hours Min. WIDOWED DIVORCED event, physician гетоме USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? or foreign country) dona during most of working life, avan if retired) to u E 13. FATHER'S NAME 14. MOTHER'S MAIDEN please aftending and hen 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no or unkown) | (Ifyas give wer or detas of service) 0 the INTERVAL BETWEEN permit. 18. CAUSE OF DEATH [Enter only one ceuse per-line for (e), (b), and (c) þ PART I. DEATH WAS CAUSED BY: physici P signed IMMEDIATE CAUSE (a) burial-transit DUE TO attending Conditions, if eny, which peen (b) geva rise to immediata cause DUE TO (a), steting the underlying has ceuse lest. (c) the 9 After this certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) | 19. WAS AUTOPSY CERTIFICATION hospital PERFORMED? as YES M NO · use prior 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH ρ Health (IF EITHER, NOTIFY MEDICAL EXAMINER) detached þ 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED | 2De, PLACE OF INJURY (Home, ferm,) 20f. (City or town) (County) (State) factory, streat, office bldg., etc.) While Not While retained Hour a.m may be retaine DIRECTOR: / at work et work p.m 99 19 L., that (I) (we) last 21. I certify that W (this hospital) attended the deceased from...... plnods saw the deceased alive on..... ., and that death occured at O. M., from the causes and on the date stated above. State .19.4.1 22a. SIGNATURE DATE ATTENDING SIGNED STAFF m DO PHYS. DIRECTOR PHYS. FUNERAL M.D. page 22de ADDRESS 22c. PHYSICIAN'S NAME (Type) director, be filed v BURIAL, CREMATION, 23b. OR CREMATORY 23d. NOCATION (City, lown or county) DATE THEREO NAME OF CEMETERY TO 25a. RAC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60 Orthur & Kraul DATE

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

	0578		CERTIFICA	TE OF DEAT	H		1052	20
1. PLACE OF DEATH		15/21/21		2. USUAL RESIDENCE	(Where deceased lived	d. If institution: F	lesidence before	re admission)
o. COUNTY Pri	nce Geor	ges Co.	MARYLAND	Maryland		b. COUNTY P	rince	Georges
b. CITY OR TOWN (If RURAL and give ne	outside corporate lim	nits, write c. LENG	GTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporate li	imils, write RURA	L and give nea	arest tawn)
Hyattsvil	le. Mary	land 1	ınknown	Hyattsvi	lle	21	.0	
d. NAME OF HOSPITA			SIRDING H	d. STREET ADDRESS		- 1		e. IS RESIDENCE
5316 Ann	apolis R	d.		5316 Ann	napolis F	load		ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)		Rosa	Middle Lee	Lost Mays	4. DATE OF DEATH	Sept. 5	, 196	Yeor
S. SEX	6. COLOR OR RACE	7. MARRIED 1	NEVER MARRIED	8. DATE OF BIRTH	9. AC			IF UNDER 24 HRS.
female	white	WIDOWED	DIVORCED	5/10/1869	9	2 yrs.	onths Doys	Hours Min.
Housewife	N (Give kind of work ing life, even if retired	done 10b. KIND O	F BUSINESS OR INDI		tote or foreign country a, Georgi		U.S.	F WHAT COUNTRY?
13. FATHER'S NAME				14. MOTHER'S MAIDE	N NAME		Jan. 1997	
Wm. Thoma	s Armstr	ong		Nancy 1	Heath			
15. WAS DECEASED EVER		7	SECURITY NO. 17.	NFORMANT		Address		
(Yes, no, or unknown)	If yes, give war ar dates of	service)	M	rs.Willie	Lee King	5316 A	nnapo	lis Rd.
no	TH Enter only one c	none			- 0			ERVAL BETWEEN
Conditions, if or gove rise to in couse (o), stoting t lying couse lost.	he under-	(b) Cer	ebral	arter	isselei	otes	U	UKNOWA
PART II. OTH	ER SIGNIFICANT CON	NOITIONS CONTRIB	UTING TO DEATH BU	T NOT RELATED TO THE TE	ERMINAL DISEASE CON	NDITION GIVEN	N PART 1(o)	PERFORMED? YES NO
200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE HO	OW INJURY OCCURR	ED. (Enter noture of injury	in Port I or Port II of	item 18.)		
20c. TIME OF INJURY Hour o. m. p. m.	Y Month, Doy, Ye	While No	OCCURRED 20e. Pot while work	LACE OF INJURY (Home, octory, street, office bldg.,	form, 20f. (City or to	own)	(County)	(Stote)
21. I certify that (I) (this haspital) attended the deceased fram. 8/16, 1964, ta 9/5, that (I) (we) last saw the deceased alive an 9/2, and that death occurred all AM, fram the causes and on the date stated above.								
220. SIGNATURE								
22c. PHYSICIAN'S NAME (Type)	() c. :	JAMES DU	KE	22d. ADDRESS 6607 R	IVERDALE	RD, R	CVERDA	LE, MD.
23a 8URIAL, CREMATIO REMOVAL (Specify) Removal			est View	Cemetery	23d. LOCATION Augusts	(City, town, or co		(Stole)
24. FUNERAL DIRECTOR"	S SIGNATURE		DDRESS		REC'D BY REGISTRAR	7		RE
The S. H		Co. Wash	nington.	D. C. DATE			9 55	

Aberra Tepak all gor stand abilities Months Designation of the Paris THE RESERVE LA STATE OF THE STA C . TEST CALL DEST. 25 800 SO THE PASSAGE AND AREAS astront .aysamow it of my . D. STEED STORY SEED STORY OF THE STORY OF THE SEED STORY OF THE BANK BERTTER The second secon The second secon Children was Committee that I was made and Signated a regard water Title Income. August a. Decoming Ten -. u. Elmos Co. cumb beson, il. C.

FOR STATE DEPT TO DEPUT. MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If an ay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the 16. All director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or temoval, and in any event within 72 hours after death. VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 10579 MEDICAL EXAMINER'S CERTIFICATE OF DEATHOSTAL

1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution:	Residence before admission)
V	o. COUNTY P	a. STATE	. 6.
1	b. CITY OR TOWN (if outside gorporete maits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL an	TOP CONTRACTOR
	write RIJBAL and give neerest town)	A A A A A A A A A A A A A A A A A A A	o give nanesi lowing
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	65 Neverdale	15.055
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS	IS RESIDENCE ON A FARM?
	teland Memorial Aush	4103 Jongfellows	YES NO
3.	NAME OF First Middle	Lest A. DATE Month	Dey Yeer
	(Type or print) Massia Hannal	MCG WELL DEATH LEW	6 1961
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B.	DATE OF BIRTH 9. AGE (In year IF UNDER I	YEAR IF UNDER 24 HRS.
1	tomule while WIDOWED IT DIVORCED I	march 7. 1875 lest birthdey) Months	Days Hours Min.
108	a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTR		IZEN OF WHAT COUNTRY?
do	Housewife Own Home	In theat Of alubric to	15. R
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	, -, -
1	1500 D. P. the land	ma Que Willen	
15	WAS DECEASED EVER IN HE ADMED FORCES LIVE CHOICE AND LET	many comments	
(Ye	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. X. eseno, or unknown) (Ifyesgivewerordatesofservice)	NFORMANT () Addrass	
	no la	lowell Procke some	42 #2
	1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]		ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	no	ONSET AND DEATH
	9011 DUE TO	, 1	
	Conditions, if any, which > (b) tracture	of right help	
100	geve rise to immediate ceusa	3	
	(a), stefing the underlying cause last,		
z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	T 1(a) 1 19. WAS AUTOPSY
HICATION			PERFORMED?
5	200. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURED. (E	nter natura of injury In Part I or Part II of item 1B.)	YES NO
CERTI	PRIMARY DOF CONTRIBUTING	nier natura of injury in Part I of Part II of Item Ib.)	. 1.
	CAUSE OF DEATH.	curred in the leving	com y hom
MEDICAL	20c. TIME OF INJURY Month, Dey, Yeer 2Dd. INJURY OCCURRED 20e, PLA	CE OF INJURY (Home, farm, 20f. (City or town)	nty) (State)
WE	8 9 p.m. 8 4 19 6/ et work at work	one Reversible T	J. My
	21. I certify that I look charge of the remains described above, he	d an Autopsy . Inspection . Inquiry	and in my opinion
	death resulted from: Natural causes , Accident , Suici	de , Homicide , Undetermined manner	1
		CHIEF MEDICAL EXAMINER	
	ACTUAL CAMPAC &	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
	SIGNATURE OF TOPIC	DEPUTY MEDICAL EXAMINER	1.1.
	NAME (Typa) JAMES T. BOUT	Address (Streat, city, town, or county)	16/61
228	B. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR		(Stete)
T	REMOVAL (Specify)	Pladanahuus	MA
	Burial 9/8/61 Evergreen ADDRESS ADDRESS	Bladensburg,	Md.
	, Total and the state of the st	SEP 8 '61 OT -	S. Kraus
	F. Gasch's Sons Hyattsville, Maryl	and DATE	a. / Comm

The state of the s The state of the s The Alle market have

MARYLAND STATE DEPARTMENT OF HEALTH

e. IS RESIDENCE

Haurs

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED? YES NO NO

(Caunty)

25b. REGISTRAR'S SIGNATURE

arihun S. Hraugs

25g. REC'D BY REGISTRAR

(State)

22b. DATE SIGNED

(State)

Day

ON A FARM? YES NO

Year

196

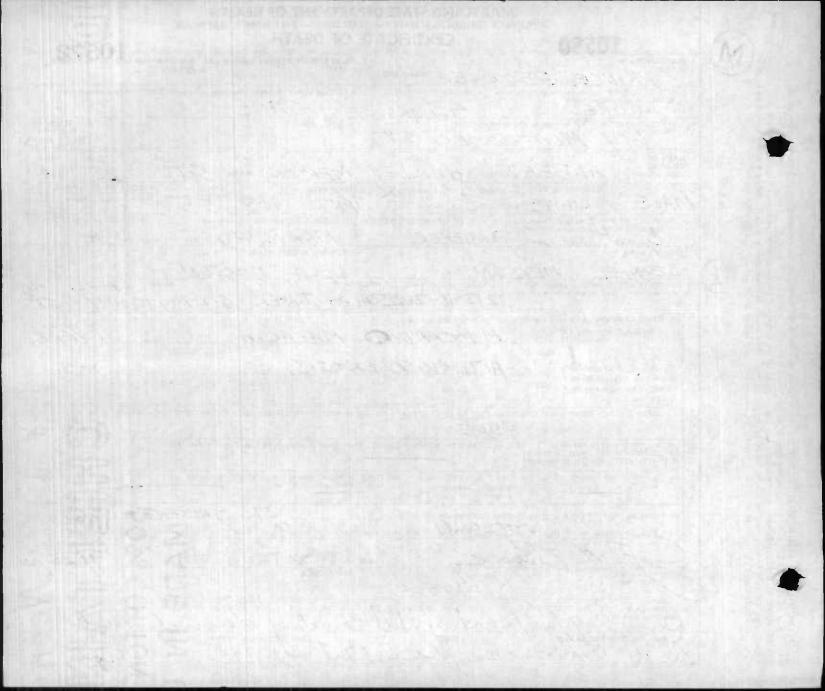
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence a. COUNTY a. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) RURAL and give nearest tawn) EL d. NAME OF HOSPITAL (If not in hospital, give street address d. STREET ADDRESS OR INSTIBUTION NAME OF Middle 4. DATE Manth DECEASED OF DEATH (Type or print) S. SEX 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Manths WIDOWED [DIVORCED [yrs. 10a. USUAL OCCUPATION (Give kind af wark dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 16. SOCIAL SECURITY NO. 17 INFORMANT 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) **DUE TO** TERIOSCLEROSIS Candilions, if any, which gave rise to immediate DUE TO cause (o), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY 20a. ACCIDENT WAS UNDERLYING A OR CONTRIBUTING A CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Hame, farm, 20f. (City or tawn) Day, Year 20d. INJURY OCCURRED factory, street, affice bldg., etc. Haur a.m. While Not while at wark at work p. m. to FRESEW 1, 19 that (ID) (we) last 21. I certify that (I) (this haspital) attended the deceased fram. 196/, and that death accurred at M, from the causes and an the date stated above saw the deceased alive an 22a. SIGNATURE ATTENDING MED. M.D. 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, tawn, ar caunts) BUMAL, CREMATION, 23b. DATE THEREOF 23a. MOVAL (Specify)/

ADDRES

director filed funeral pe P shoul the filled Pages death. ely after papers. compl pup pan physician 500 within remave event, ottending | please any the þ permit. gned burial-transit ar attending physicial certificate has been SD this detached far After DIRECTOR: Auld be detach af pluods may be TO FUNERAL C poge the St

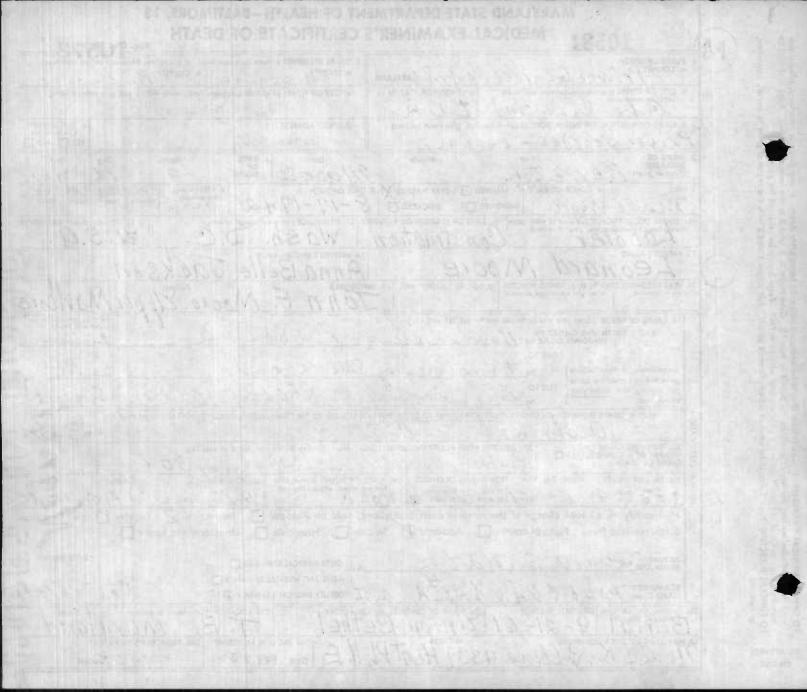
VR A15 (4) 15M 9/59

24 FUNERAL DIRECTOR'S SIGNATURE



MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 1-2. USUAL RESIDENCE (Where deceased lived. If Institution, Residence before admission) PLACE OF DEATH 1 46 HARYLAND b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Upper Marlboro d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS . IS RESIDENCE Jenena Route #30 YES NO NAME OF Middle 4. DATE Month Year Day DECEASED (Type or print) OOK E. DEATH 19 6 5. SEX 6. COLOR OR RACE 9. AGE (In years 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH IF UNDER 24 HRS. IF UNDER TYEAR Months Days Hours Min. WIDOWED [DIVORCED T 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 17. INFORMANI 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) dolar **DUE TO** Conditions, if ony, which gove rise to immediate cause DUE TO (a), stoting the underlying cause last. PERFORMED? YES 🗍 NO PT 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) PRIMARY For CONTRIBUTING 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, Month, Day, Year 20f. (City or lawn) (County) (Slale) Medicol Poge 3 s factory, street, office bldg., etc.) 1961 of work at work Koad 21. I certify that I took charge of the remains described above, held an Autapsy , Inspection . and find that Accident , Suicide , death resulted fram: Natural causes . Homicide . Undetermined cause ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER FUNERAL **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type) 22c. NAME OF CEMETERY OR 22d. LOCATION (City, town, or county) (Stole) 0 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) SEP 2 0 '61 Cirthur S. Kraus DATE 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



TO DEPUT MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If any delay is necessary, please execute the hiftcate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral ector. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained far yourn. S.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation, or remaval. VS. A15ME(5) 5M 9/55

8	p de la constitución de la const	MEDICAL EXAMINER'S CERTIFICATE OF DEATH Item 2 Film G296 9/26/61 iwk Reg. Dist. No. 4
		PLACE OF DEATH o. COUNTY Pringe Georges Maryland 2. USUAL RESIDENCE (Where decessed lived. If institution; Relidence Before obmission) o. STATE Maryland b. COUNTY Pr. Georges
7	ł	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly Hosfit DA Upper Marlboro
19		d. NAME OF HOSPITAL ON INSTITUTION (If not in hospital, give street address) ON A FARM? ON A FARM? YES NO
/	+1	NAME OF DECEASED (Type or print) LOUIS LOST LOST LOST LOST LOST LOST LOST LOS
	5. 9	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 1. Married New Part New Part Never Married Never
	100	1. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) WOVEY 12. CITIZEN OF WHAT COUNTRY? LUNCH YOO M MAYULAND 13. CITIZEN OF WHAT COUNTRY?
\widehat{I}	13.	Leonard Moore and Belle Jackson
	15. {Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT, 19. of unknown) [15 year, giver or dopper tempor) 213 38 3328 John F. Moore Ubber Mar Dorom
		18 CAUSE OF DEATH [Error only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO INTERVAL BETWEEN ONSET AND DEATH Sudden
		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. (b) Tracture of Sheull and Crushadlest Seedlan (c) DUE TO
	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
1	CERTIFIE	200. EXTERNAL CAUSE WAS PRIMARY Tor CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) CAUSE OF DEATH. 20c. EXTERNAL CAUSE WAS PRIMARY Tor CONTRIBUTING Cautomobile Callision 74 above 301
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, leaves, office bldg., etc.) 4 General 20f. (City of town) (Caunty) (State) 4 General 20f. (City of town) (Caunty)
		21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry, and find that death resulted from: Natural causes, Accident, Suicide, Homicide, Undetermined cause,
		ACTUAL SIGNATURE Part C Van Hatte M.D. CHIEF MEDICAL EXAMINER DATE SIGNED
1		EXAMINER'S PAUPC VAN NA ETA assistant MEDICAL EXAMINER D Sept 16 1961
	220	BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF GREMATORY 22d. LOCATION (City, town, or county) (Scole) SUrial (Specify) 9-21-61 Union Bethe Church T. B. Mary and
5	23/	Mystel K. Sellens 4339 Nunt Pl., N. E. Date SEP 20'61 246. REGISTRAR'S SIGNATURE DATE SEP 20'61

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

THE YEST JOHN F. Was Toher Wardson

PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH Film G291. 9/11/61 2. USUAL RESIDENCE (Where daceased livad, If institution: 1. PLACE OF DEATH a. COUNTY e. STATE GEORGE MARYLAND LENGTH OF STAY IN 16 b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) 2. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) ON A FARM? YES NO X 3. NAME OF DECEASED DEATH. (Type or print) REGINA IF UNDER 24 HRS. NEVER MARRIED AGE (In years IF UNDER 1 YEAR Months Hours WIDOWED 12. CITIZEN OF WHAT COUNTRY? dopeduring most of working life, even if retired) KETIRED - CONFECTIONER (Yes, no, or unkown) | (If yes give war or detes of service) 18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO (b) geve rise to immediate cause DUE TO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. PERFORMED? YES NO . 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Part II of itam 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, ferm. ' 2Df. (City or town) (County) 20c. TIME OF INJURY Month, Day, Yeer (State) fectory, street, office bldg., etc.) Not While Whila Hour e.m. et work at work 21. I certify that (I) (this hospital) attended the deceased from.... saw the deceased plive on. 22b. DATE 22a. SIGNATORE ATTENDING STAFF SIGNED PHYS. DIRECTOR PHYS. TO FUNERAL
director, page 3
be filed with the 22c PHYSICIAN'S 22d. ADDRESS WHEATON 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, | 23b. 23c. NAME OF CEMETERY OR CREMATOR (Stete) REMOXAL (Specify) 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60

RTMENT OF HEALTH

Maryania Mantapir -Career Elmon San Supplication of COLLEGE OF MANY TENNING MORNING TO SERVE (I) TEAMER THE SECOND SOUND SOUND SHEET REFINER CONSERVED CHESTER OF STATE OF S lames & Hosmany From Reserved Daniel Constitution of the Lines P Decient Comment of the Comment Because the comment of the same of Ames Essen in Stilling State of the second

STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH FOR STATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institutions . COUNTY b. COUNTY Prince George's e. STATE Prince George's and director. Page of for your files. Board of Health Maryalnd MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) write RURAL end give neerest town) Landover Hills hrs Cheverly d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street eddress) d. STREET ADDRESS 6916 Annapolis Road ?George's General Hospital NAME OF Middle 4. DATE DECEASED the (Type or print) DEATH Murray Sentember Item 18. Give Pages 1, 2, and 3 to a with form PM3. Page 5 may be t permit. File pages 1 and 2 with the n any second within 72 hours after 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In years) IF UNDER 1 YEAR White last birthday) Male 6,1889 WIDOWED [DIVORCED January 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) U.S. Govt Missouri Physician 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Sarah Elizabeth Dunlap Henry Jamison Murray
15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. S 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) (If yes give wer or detes of service) Mrs Billie Mae Owens, same as # 2 e along w 18. CAUSE OF DEATH |Enter only one cause per line for (e), (b), end (c). PART I. DEATH WAS CAUSED BY: LNTESTINAL IMMEDIATE CAUSE (e)_ Office burial-moval, (b) DEUERE hemorrhagic entero-colitis Conditions, if eny, which geve rise to immediate cause DUE TO If the word "pending Medical Examiner's should be used as a reliable, or remaining or re-(e), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY HORTIC In Sufficience " Hupertruphy 200. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW NJORY OCCORD. (Enter nature of injury in Part I or Part II of item 18. PRIMARY | or CONTRIBUTING | ficate, writing to the Chief A COR: Page 3 sl prior to buria 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Dey, Yeer Not While factory, street, office bldg., etc.) While et work et work OR: P 21. I certify that I took charge of the remains described above, held an Autopsy 🛣 . Inspection 🕱 Inquiry X please execute the certific t should be forwarded to FUNERAL DIRECTO it its designated agent, p death resulted from: Natural causes X. Accident Suicide Homicide | Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER EXAMINER'S Boyd James I. DEPU NAME (Type) Address (Street, city, town, or county) 220, BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 240 g VS. AISME SM 9/60

AND STATE DEPARTMENT OF HEALTH

NO

(County)

. IS RESIDENCE ON A FARM

YES NO

IF UNDER 24 HRS.

179

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

(State)

and in my opinion

DATE SIGNED

12. CITIZEN OF WHAT COUNTRY?

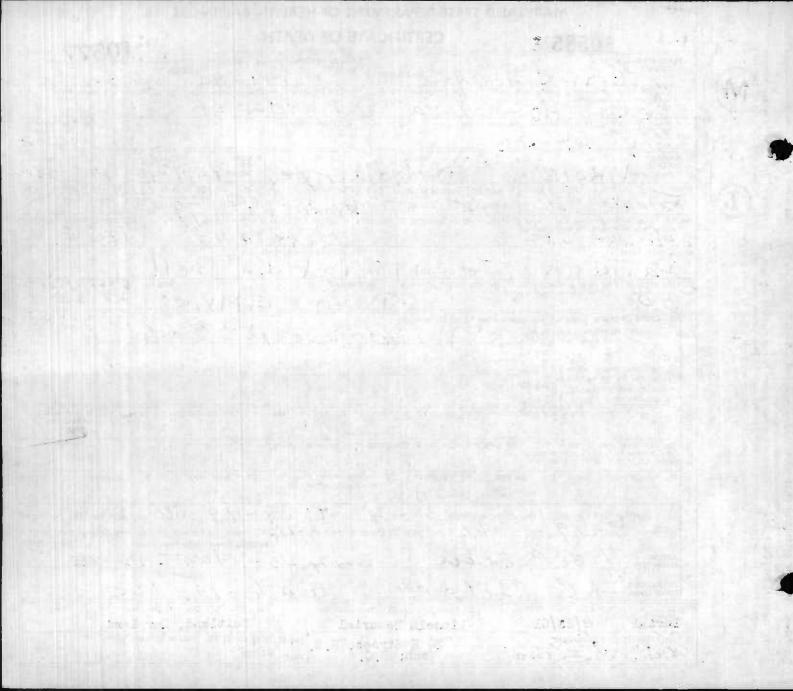
U.S.A.

22d. LOCATION (City, town, or country)

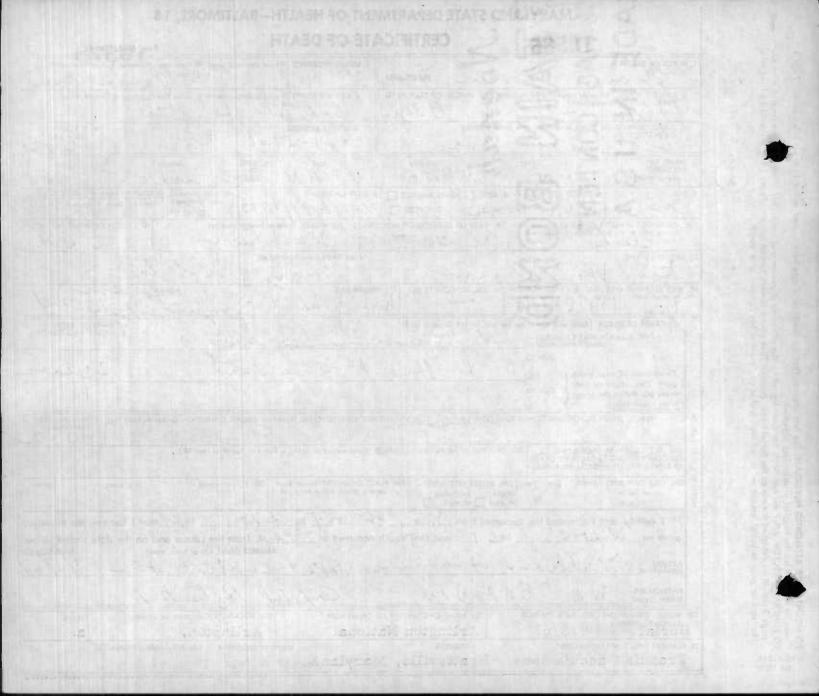
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Nach Avenue en betraue en sage ale mes esate "I Tovo Dack bill out the large I have been a been a being being being ATTENTION OF THE PROPERTY OF THE PARTY OF TH addition and a second and the second of the second o And Call Supports and 自己是一种的现在分词的 "三人的" 多为,更多之类的的 安任文人的人

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH 10525 , PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) filed a. COUNT o. STATE b. COUNTY MARYLAND 1200 death. b. CITY OR TOWN (If outside corporate limits, write C LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) should d. NAME OF HOSPITAL (If not in hospital, give street address) ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO TA NAME OF Middle DATE DECEASED (Type or print) DEATH Pages 19 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Months Days DIVORCED [WIDOWED [10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15 WAS DECEASED EVER IN IL S ARMED FORCES? INFORMAN CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)." INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate DUE TO couse (a), stating the underlying couse lost. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? YES NO T 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY 20d. INJURY OCCURRED 20f. (City or town) Day, Year (County) (State) factory, street, affice bldg., etc.) Hour o. m. While Not while of work of work p. m 19 6 / that I last saw the deceased 21. I certify that I attended the deceased from... and that beoth occurred at 734 M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) ACTUAL should PHYSICIAN'S NAME (Type) 3 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) pode Burial (Specify) 9/8/61 Arlington National Va. Arlington. 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE VS A15 (4) Francis Gasch's Sons Hyattsville, Maryland DATSEP arily & Kraus 15M 10/57

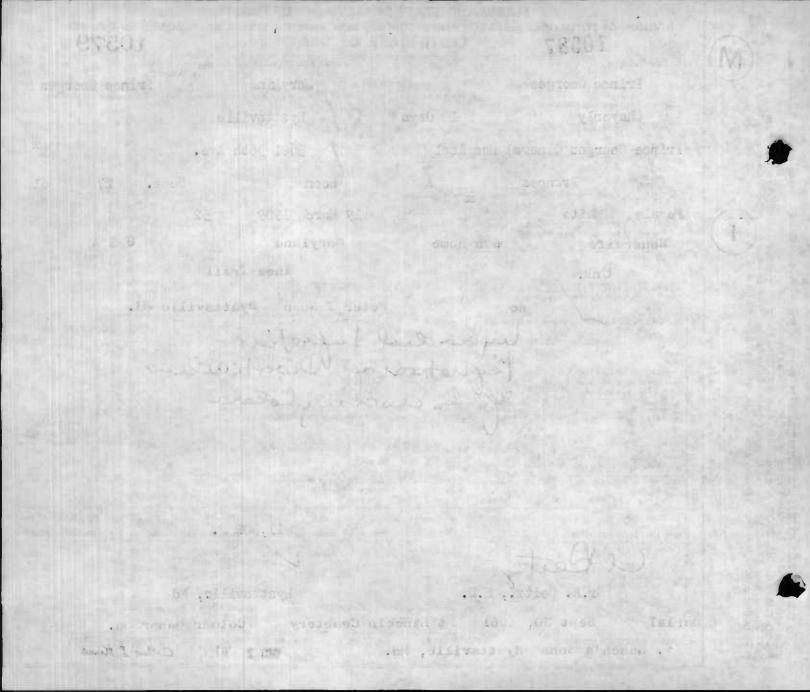


TO HOS LOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Job A may be retained by the hospital or attending physician. You will be dead to the certificate has been signed by the attending physician and completed filled in by the funeral of interesting of the death of the death of the state of

MADVIAND STATE DEDARTMENT OF HEALTH

N	AAKTLAND 5	IAIE DEPAR	IMENI OF	nealin	
DIVISION OF STATISTICAL	RESEARCH AND	RECORDS, 301	W. PRESTON	STREET, BALTIMORE 1	, MARYLAND
10587	CERT	IFICATE O	F DEATH		10579

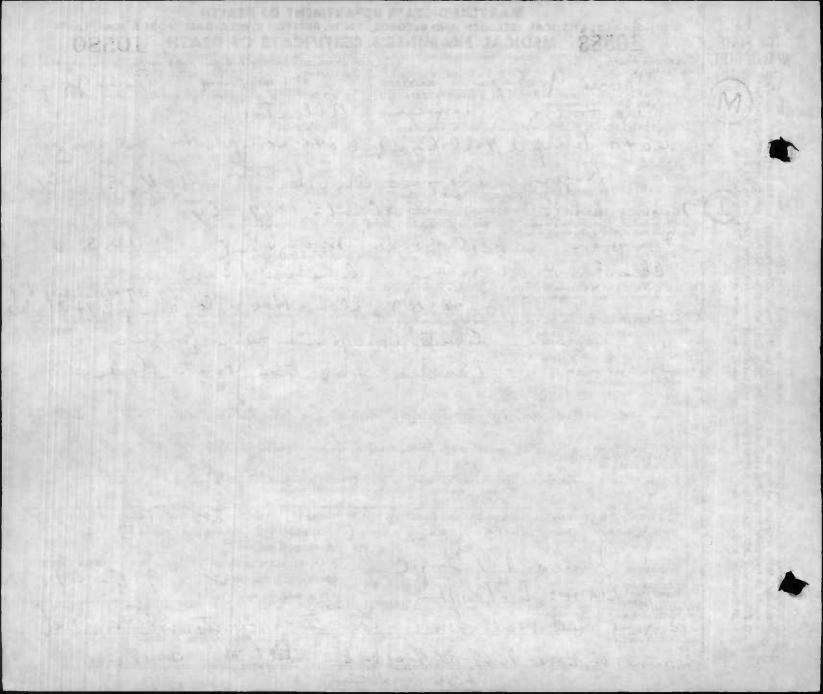
1. PLACE OF DEAT	rh			2. USUAL RESIDEN	CE (Where			lence before	edmission)
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	(if outside corporate fimits,	1.0	LENGTH OF STAY IN 16	Mary]		rnorate limits write	Prince		
write RURAL at	nd give neerest town)			11					
Che	verly		16 days		tsvil	Le			
d. NAME OF HOS	PITAL OR INSTITUTION (if	nof in hospita	al, giva streat address)	d. STREET ADDRESS					RESIDENCE A FARM?
Prince G	eorges Genera	al Was	1+01	# E607	_36th	A = = 0			KON I
3. NAME OF	First	at mod	Middle	Lost	4. DATE	Mont	h D	ey Yes	ər
(Type or print)					OF			10	
	Frances		A	Noon	DEAT	Ser		7 19	61
5. SEX	6. COLOR OR RACE 7	. MARRIED	NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years lest birthdey)			R 24 HRS.
Female	White	WIDOWED	DIVORCED	19 March 19	000	EO yrs.	Months Day	s Hours	Min.
10e. USUAL OCCUPA	ATION (Give kind of work		OF BUSINESS OR INDUST		nty & State, o	or foreign country)	12. CITIZEN	OF WHAT	COUNTRY
	working life, even if retired)		le ama	Manueland			US	A	
Housew	vile	own	home	Maryland		150	0 5	A	
13. FATHER'S NAME				14. MOTHER'S MAIDEN					
	Unk.			In	ez Tr	ail			
	EVER IN U.S. ARMED FORCE		CIAL SECURITY NO. 17.	INFORMANT		Address			
(1es, no, or unkown)	(If yes give war or detes of ser	vica)	P.	eter T Noon	Hva	ttsville	Md.		
I IB. CAUSE OF	DEATH [Enter only one c				Ju	0001222		INTERVAL BE	TWEEN
	ATH WAS CAUSED BY:		0 . 0	101				ONSET AND	DEATH
-5/	IMMEDIATE CAUSE (a)_	uya	reaction	- Infact	ion				-
5 /8	DUE TO	0		2/12	1 .	- 0			
Conditions, if e	ny, which \ (b)	Ver	Peratives	a vu	erti	Seller	~		
geva rise fo imme	DITE TO		1						
(a), stating the	underlying	6	10 00	de) "100 (ear	2	100		
	(c) HER SIGNIFICANT CONDITI	ONE CONTR	IBLITING TO DEATH BUT N	OT RELATED TO THE TERMI	NIAI DISEAS	E CONDITION GIV	/ENI INI DADT 1(=	11 10 MAS	AUTORSV
PAKI II. OIN	IER SIGNIFICANT CONDITI	ONS CONTR	IBOTING TO DEATH BOT N	OI KELATED TO THE TERMI	INAL DISEAS	E CONDITION OIL	TEN IN PART 1(0		ORMED?
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		20b. DESCR	IBE HOW INJURY OCCURE	D. (Enter nature of injury in	Pert I or Part	II of item 18.)			
UF EITHER, NOTIF	IG CAUSE OF DEATH								
Z 20c. TIME OF IN	JURY Month, Day, Year	1 20d. INJ	URY OCCURRED 200. PL	ACE OF INJURY (Home, far	m, : 20f. (C	ity or town)	(County)	F 196. 1	(State)
20c. TIME OF IN		While _	Not While fe	ctory, street, office bldg., etc					
p.m	. 19	at work	et work						
21. I certify	that (I) (this hospita	l) attende	d the deceased from	a	19, to	o	, 19	, that (I)	(we) la
saw the dece	ased alive on.			at death occured at.1	1,30R	Mehe causes	and on the	date state	ad abov
220. SIGNATURE					/				b. DATE
220. 5101/11011	0 1 -	-		ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.			SIGNE
DI DINYSISIANI	1 Cert	2		M.D. PHTS.	DIRECTOR				
22c. PHYSICIAN NAME (Typ	ne)	8							
	Dr.A. Deitz	z., M.	0	Ну	attsvi	lle, Md			
	ATION, 236. DATE THERE	OF 2	3c. NAME OF CEMETERY		23d. LO	CATION (City, to	wn or county)	(State)
Burral (Specif	Sept 30,	1961	Ft Lincol	n Cemetery	Co	lmar Ma	nor Md.		
24 FUNERAL DIRECTO	OR'S SIGNATURE		ADDRESS			ISTRAR 25b. RE		NATURE	
. Gas	ch's Sons	Hyatts	sville, Md.	DATE			Irthur 8. 1		
				DATE					



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 10588 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 10580 FOR STATE HEALTH DEPT. y is necessary, for your files. TO DEPUTA MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any eye is please execute the certificate, writing the word "pending" in pending line 18. Give Pages 1, 2, and 3 to the figure 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Boar or its designated agent, prior to burlal, cremation, or removal, and In any event within 72 hours after death. VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

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1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) a. STATE b. COUNTY
Trenes Georges MARYLAND	Markend from Jeonger
b. CITY OR TOWN (if outside corporate limits, write RURA) and give neerast town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give needest town)
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS
(8 40 JC - 4 10 KG D D	1 QUO: 1 . L. MIDD PS ON A FARM?
3. NAME OF First Middle	Lest 4. DATE Month Dey Year
DECEASED (Type or print)	971712 OP DEATH AS 1.11 5 1961
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B.	DATE OF BIRTH 9. AGE (In your I IF UNDER 1 YEAR IF UNDER 24 HRS.
male white WIDOWED DIVORCED TO C	buil 5, 1897 (4 yrs. Months Deys Hours Min.
10e. USUAL OCCUPATION (Give kind of work done-wring most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Horamon State Roades	mayland U.S. a
13. FATHER'S NAME Charles H Guraler	ancles Dane
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. III	NFORMANT Addressy 09-Breakly R
212-18-3417	Elouse Howrilla, sen ple Hills, he
PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Cicele Con	restruct heart failur
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Conditions, if any, which gave rise to immediate cause	tocular level chique
(a), stating the underlying DUE TO	
	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT	PERFORMED? YES NO T
	nter natura of injury in Pert I or Pert II of item 18.)
20c. TIME OF INJURY Month, Dey, Yeer 2Dd. INJURY OCCURRED 20e. PLAC Hour a.m. While Not While fecto at work at work	CE OF INJURY (Home, farm, 2Df. (City or town) (County) (State) ry, street, office bldg., etc.)
p.m. 19 at work at work	
21. I certify that I took charge of the remains described above, held	d an Autopsy , Inspection Inquiry 4 and in my opinion
death resulted from: Natural causes , Accident , Suicident	
ACTUAL ()	CHIEF MEDICAL EXAMINER
SIGNATURE JOHN J. Joyal	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
EXAMINER'S JAMES T TO	DEPUTY MEDICAL EXAMINER 19-5-6)
228. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR	Address (Street, city, town, or county) CREMATORY 22d, LOCATION (City, town, or country) (Stete)
Burnal Sent 7-61 union G	imeters Burtonille med
23 FUNERAL DIRECTOR ADDRESS	248. RC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
Simmers Bros 1661-gd Rope R	& E DATE SEP 7 '61 arthur S. Kinus
Want A	



by the funeral director, and 2 should be filed with may be profined by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 of the State Board of Health prior to burial, crematian, or removal, and in any event, within 72 haurs after death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

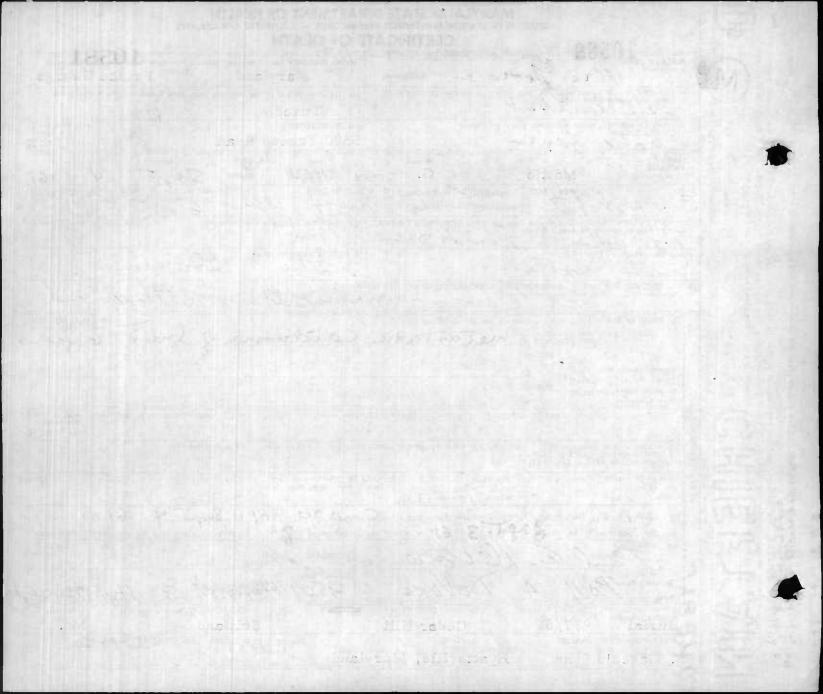
TO HOSPI

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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1. PLACE OF DEATH	0	1 LOGIN) LITIM GE)		SIDENCE Whe	ere deceased lived.		coblor almission)
a. COUNT	Hro 1	erige	MARYLA	ND a. STATE	Mary.	land b.	COUNTY Prin	ice George
b. CITY OR TOWN	(If outside carporate I	imits, write	LENGTH OF STAY IN	1b c. CITY O	R TOWN (If at	itside carporate lim	its, write RURAL and	
RURAL and give	nearest town	20					440	•
	lland 1				Tuxedo)	13	
d. NAME OF HOSE OR INSTITUTION	PITAL (If not in haspital	l, give street ad	dress)		ADDRESS			e. IS RESIDENCE ON A FARM?
wall	e dan	e		5500	Tuxedo	Road		YES NO
3. NAME OF		First	Middle		ast	4. DATE	Manth	Day Year
(Type ar print)	Matti		G.	- 4	vnés	OF DEATH	0,5	4 1961
E CEY		-		0110220 ///		di	(In years IF UNDER	
27	6. COLOR OR RAC		NEVER MARRIED	7.	/ /0	P S lost	(In years IF UNDER	Days Hours Min.
Lemble	while	WIDOWED	DIVORCED] may 1	1/1	0 76	yrs.	
10a. USUAL OCCUPAT	ION (Give kind of wa	rk done 10b. Kl	ND OF BUSINESS OR	INDUSTRY 11. BIRTH	PLACE Stote of	or foreign country)	12. CIT	IZEN OF WHAT COUNTR
House	orking life, even if retir	AZIN	- Horne	_ /	nd			
13. SATHER'S NAME	rge	0001		14. MOTHER	'S MAIDEN N	AME ,)	
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Lacer	wall			ma		9=-	3007	
Yes, no, or unknown)	ER IN U. S. ARMED F		CIAL SECURITY NO.	17. INFORMANT,	1. DI	0	Address	121
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IR CAUSE OF DE	EATH [Enter anly ane	cause per line	for (a) (b) and (c))	-				INTERVAL BETWEEN
	EATH WAS CAUSED BY		The tell tell did tell	5 00		- 0	0. 7	ONSET AND DEATH
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110)	DUE	то				U		
Conditions, if	any, which)	(b)						
gave rise ta								
cause (a), statin	g the under-							
		(c)	NITRIBUTING TO DEAT	A BUIT NIOT BELATED	TO THE TERMIN	NAL DISEASE CONT	ITIONI GIVENI INI PA	RT 1(a) 19. WAS AUTOPS
₽	THER SIGNATURANT CO	DI4DI110143 <u>CO</u>	ININIBOTING TO DEAT	1 BOT NOT KELATED	IO THE LEKWIII	MAL DISEASE COINE	MINOR GIVER IN PA	PERFORMED?
5								YES NO
PART II. O	VAS UNDERLYING A	20b. DESCR	IBE HOW INJURY OCC	URRED. (Enter noture	of injury in P	art I or Port II af it	em 18.)	
U (IF EITHER, NOTIF	Y MEDICAL EXAMINE	R)						
N 20c. TIME OF INJU	JRY Manth, Day,	Year 20d. INJ	URY OCCURRED 2	e. PLACE OF INJUR	(Home, farm,	20f. (City ar taw	n)	(Caunty) (Sta
20c. TIME OF INJU		While	Nat while	factory, street, af	ice bldg., etc.)		
₹ p. m	,	g at work	ot wark					
21. I certify th	nat (I) (this hospi	tal) attende	d the deceased fr	om Que :	20 , 191	6/, ta Se	N 4 196	1, that (1) (we) lo
The state of the s	ased alive an	OPE .			- 4			e date stated abov
22o. SIGNATURE	ased diffe die		- I did ii	iai dealli diccori	ed dig.	/// // // // // // // // // // // // //	Joses and an in	22b. DATE
1	06	100	1/200	- M.D. ATTEND	NG ME	D STAI	F _	SIGN
22- SUVELCIANUS		- /	00,00	- M.D. PHYS. 22d. ADI		RECTOR PHY	S. U	
22c. PHYSICIAN'S NAME (Type)		1	1-1/205	220. ADI	RESS	1.		,
	AUI	4. L	revore	33	0/1	MMILTON	St - 11	MATTERILLE
23a. BURIAL, CREMAT		REOF	23c. NAME OF CEMET	RY OR CHENCE RY		23d. LOCATION (C	ity, tawn, or caunty)	(Stote)
Burial (Specif	9/7/61		Ceder Hi	11		Suitland		Md.
				11	06 06-11			
24. FUNERAL DIRECTO			ADDRESS		25a. REC'E	BY REGISTRAR	25b. REGISTRAR'S S	J. Think
F. Gasch	1's Sons	Hya	ttsville, M	laryland	DATE			



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

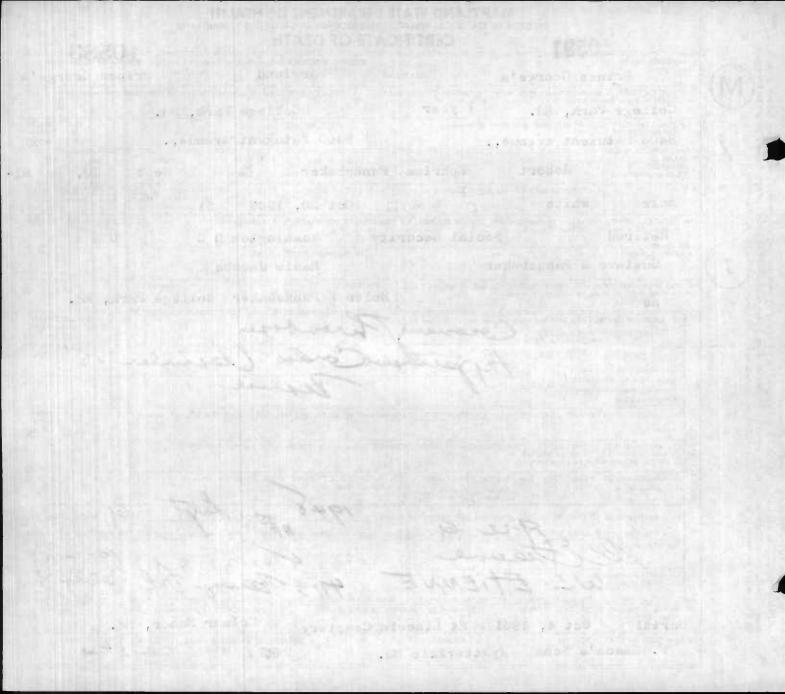
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VR A15 (4) 15M 9/59

MARYIAND STATE DEPARTMENT OF HEALTH

MAKILAND STATE DEPARTMENT OF REALIN
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

111541 C-KIII C	10592
1. PLACE OF DEATH o. COUNTY Prince George's MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATEMARYLAND b. COUNTY Prince George's
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) College Park, Md. c. LENGTH OF STAY IN 1b 1 year	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) College Park, Md.
d. NAME OF HOSPITAL (If not in hospitol, give street address) OR INSTITUTION 8405 Patuxent avenue,	d. STREET ADDRESS 8405 Patuxent Avenue, . 6. IS RESIDENCE ON A FARM? YES \(\) NO \(\)
3. NAME OF DECEASED (Type or print) Robert Ephriam F	Pannebaker 4. DATE OF DEATH Manth Day Yeor Sept 30, 19 6
6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF 8IRTH Oct 20, 1909 9. AGE (In years left Under 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) Retired Social Securit	
13. FATHER'S NAME Gustave B Pannebaker	14. MOTHER'S MAIDEN NAME Mamie Jacobs
	Helen E Pannebaker College Park, Md.
Conditions, if any, which gove rise to immediate cause (a), stating the under-lying cause lost. DUE TO (b) DUE TO (c)	Répose 15
, (6)	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 12
© 200. ACCIDENT WAS UNDERLYING CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CAUSE OF DEATH OF THE CONTRIBUTION OF CONTRIBUT	RED. (Enter noture af injury in Port I ar Part II af item 18.)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. p. m. 19 While at work at work	PLACE OF INJURY (Hame, farm 20f. (City or tawn) (Caunty) (State factory, street, office bldg etc.)
21. I certify that (I) (this haspital) attended the deceased from saw the deceased alive an 1901., and that 220. SIGNATURE	t death accurred at P.M., from the causes and an the date stated abave. M.D. ATTENDING MED. DIRECTOR STAFF PHYS.
22c. PHYSICIAN'S NAME (Type) W.L. EtiENNE	47/2 Beruge Drd College ting
23a. BURIAL, CREMATION, PREMOYAL (Specify) Oct 4, 1961 Ft Lincoln	Cemetery Colmar Manor, Md.
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS F. Gasch's Sons Hyattsville Md	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE OF LAND 2. Though



TO DEP of MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any is necessary, please execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the familiar of director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after leath. VS. A15ME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

10592 MEDICAL EXAMIN	EK 3 CEKTIFIC				530
PLACE OF DEATH •. COUNTY		DENCE (Where d			idence before edmi
Prince George's MARY	LAND e. STATE	aryland	b. COU	Princ	ce Georg
b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)		WN (If outside corp	orate limits, writ	te RURAL end g	ive neerest town)
Lanham Transi			36		
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address	ess) d. STREET ADD	RESS	1		e. IS RESID
n a wooded area back of his ho	Good	Luck Ro	bac		YES NO
NAME OF First Middle DECEASED	Last	4. DATE	Mont	h I	Dey Yeer
(Type or print) Httch Carter	Paris	OF DEATH	Sent	tember	6 19 6
SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	D 8. DATE OF BIRTH	19			AR IF UNDER 24
			last birthdey)		
	INDUSTRY 11. BIRTHPLACE	1909	52 yrs.	1 12 CITIZEI	N OF WHAT COU
Truck Driver Railway E		yla h d	nuth)		S.A.
FATHER'S NAME	14. MOTHER'S MA				
John Paris	Sarah	Suit			
WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO	O. 17. INFORMANT				
n norunkown) (If yes give wer or dates of service)	Winifred!	P. Relds	win . 60	34 Tel	legraph
1B. CAUSE OF DEATH (Enter only one cause per line for (e), (b), end (c)			L8	anham,	Md INTERVAL BETWEE
PART I. DEATH WAS CAUSED BY: Hemorrhage 976 X DUE TO Shot Gun Wo		Head	L8	annam,	INTERVAL BETWEE
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Conditions, if eny, which geve rise to immediate cause (a), stelling the underlying DUE TO DUE TO	and Shock	Head	L8	annam,	INTERVAL BETWEE
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Conditions, if eny, which geve rise to immediate cause (a), steting the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	and Shock				ONSET AND DEA
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PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Shot Gun Wo gove rise to immediate cause (a), stating the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 20a. EXTERNAL CAUSE WAS PRIMARTY FOR CONTRIBUTING CONTRIBUTION CO	and Shock ound of the leading to the the leading to the leading to the leading to the the leading to the leadin	erminal disease n Pert I or Pert II of woods ferm, 20f. (City, etc.) area Inspection	item 18.) and short or town) Lanhar	not se	ONSET AND DEA: 19. WAS AUTO PERFORM! YES NO
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PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Conditions, if eny, which gove rise to immediate cause (a), steting the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 20e. EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Dey, Yeer Hour e.m. 20c. TIME OF INJURY Month, Dey, Yeer Hour e.m. 20d. INJURY OCCURRED While Not While et work cet work cet work 21. I certify that I took charge of the remains described above	H BUT NOT RELATED TO THE T CURED. (Enter neture of Injury I edge of th. 20e. PLACE OF INJURY (Home factory, street, office bldg In a wood ove, held an Autopsy Suicide . Homic CHIEF MEDI	erminal disease n Pert I or Pert II of woods form, 20f. (City, ed.) Inspection ide, Uni	item 18.) and sh or town) Lanhar Modetermined m	not se	ONSET AND DEA: 19. WAS AUTO PERFORMI YES NO 11 (Ste) G. M
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Conditions, if eny, which gove rise to immediate cause (a), steting the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 20e. EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING TO CAUSE OF DEATH. 20c. TIME OF INJURY Month, Dey, Yeer Hour e.m. 12 XXXX 9/6/61 While Not While et work et work 21. I certify that I took charge of the remains described about death resulted from: Natural causes Accident ACTUAL SIGNATURE	and Shock ound of the I H BUT NOT RELATED TO THE T CURED. (Enter neture of Injury I edge of the 20e. PLACE OF INJURY (Home factory, street, office bldg In a wood ove, held an Autopsy Suicide S. Homic CHIEF MEDI M.D. ASSISTANT	erminal disease n Pert I or Pert II of e woods form, 20f. (City ed area Inspection ide , Unical Examiner	condition given the standard or town) Lanhar X. Inquired or town the standard or town the s	not se (County X), ananner	o) 19. WAS AUTO PERFORM YES NO 1f (Ste) G. M.
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Shot Gun Wo Conditions, if eny, which geve rise to immediate cause (a), steting the underlying Cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 20e. EXTERNAL CAUSE WAS PRIMARD FOR CONTRIBUTING CAUSE OF DEATH. 20e. TIME OF INJURY Hour e.m. 21. I certify that I took charge of the remains described about death resulted from: Natural causes Accident A	end Shock ound of the land of	erminal disease n Pert I or Pert II of e woods , ferm, 20f. (City ed area], Inspection ide, Uni cal examiner medical examin	condition gives the standard s	not se	o) 19. WAS AUTO PERFORM YES NO 1f (Ste) G. M.
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Shot Gun Wo Conditions, if eny, which geve rise to immediate cause (a), steting the underlying DUE TO cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 20e. EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Dey, Yeer While Not While et work cet work cet work cet work cet work cause death resulted from: Natural causes Accident CAUSE ACCIDENT	end Shock ound of the land of	erminal disease n Pert I or Pert II of woods ferm, 20f. (City area Inspection ide, Uni CAL EXAMINER medical EXAMINER eet, city, town, or	condition gives the standard s	n P. (County, ananner)	o) 19. WAS AUTO PERFORM YES NO 1f (Ste) G. M.
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Conditions, if eny, which gove rise to immediate cause (a), steting the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 20e. EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING Want to the CAUSE OF DEATH. 20c. TIME OF INJURY Month, Dey, Yeer Hour e.m. 9/6/61 et work 20c et work 21. I certify that I took charge of the remains described abordeath resulted from: Natural causes Accident Accident SIGNATURE EXAMINER: James I. Boyd	end Shock ound of the I H BUT NOT RELATED TO THE T CURED. (Enter neture of Injury I edge of the 20e. PLACE OF INJURY (Home factory, street, office bldg In a wood ove, held an Autopsy Suicide Assistant M.D. Assistant DEPUTY MEI Address (Street)	Per I or Pert II of Woods ferm, 20f. (City darea , Inspection ide, Uni CAL EXAMINER MEDICAL EXAMINER eet, city, town, or 22d. LOCAT	item 1B.) and sh or town) Lanhar M. Inquired manual control of the	n P. (County) P. (Appendix of Country)	19. WAS AUTO PERFORMING NO Stell No Stell No Mand in my opin

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

18593	CERTIFICA	E OF DEATH	40505
1. PLACE OF DEATH a. COUNTY Prince George	MARYLAND		COUNTY Prince George
b. CITY OR TOWN (If autside carporate limits, wri Beltsville	te c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside carporate limi	ts, write RURAL and give nearest tawn)
d. NAME OF HOSPITAL (If nat in haspital, give strong institution Eleven Cedars	eet address)	d. STREET ADDRESS 4336 Clagett Road	e. IS RESIDENCE ON A FARM? YES \(\) NO \(\)
3. NAME OF First DECEASED (Type or print) Anna	Middle L.	Parsons Son Death	Sept. 24, Year 61
TD 1 - 3371. 34 -	ARRIED NEVER MARRIED E	Oct. 22, 1870 9. AGE 90	(In years IF UNDER 1 YEAR IF UNDER 24 HRS. pirthday) yrs. Manths Days Haurs Min.
10a. USUAL OCCUPATION (Give kind af wark dane l during most of working life, even if retired) Housewife	Ob. KIND OF BUSINESS OR INDUS Own Home	RY 11. BIRTHPLACE (State or foreign country) Maryland	U.S.A.
13. FATHER'S NAME Christopher Buttner		14. MOTHER'S MAIDEN NAME Rebecca Stanzey	7
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		ORMANT Albert B. Parsons Sa	Address .me as #2 Son
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise ta immediate cause (a), stating the under- lying cause last. (c)	- acula De	Cardine.	ONSET AND DEATH
CCATIC			19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURRED	(Enter nature of injury in Part I or Part II of its	em 18.)
A Haur a.m.		CE OF INJURY (Home, farm, 20f. (City ar tawn ny, street, affice bldg., etc.)	n) (Caunty) (State
21. I certify that (I) (this hospital) attended to the saw the deceased alive an 9.2. 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	19 <u>61</u> , and that d	ath accurred atM, from the control ATTENDING MED. DIRECTOR STAF PHYS. 22d. ADDRESS	ouses and an the date stated abave. 22b. DATE SIGNED
Burial (Specify) 23b. Date thereof 9/26/61	Parkwood	CREMATORY 23d. LOCATION (CI	re, (State)
24. FUNERAL DIRECTOR'S SIGNATURE F. Gasch's Sons Hy	yattsville, Mary	The state of the s	25b. REGISTRAR'S SIGNATURE G. Thur S. Krome

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FOR STATE HEALTH DEPT. y is necessary, director. Page files. 0 TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If an please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the 14 should be towarded to the Chief Medical Examiner's Office along with form PMS, Page 5 may be retained a provided to the Chief Medical Examiner's Office along with form PMS, Page 5 may be retained as a burial-transit permit. File pages 1 and 2 with the or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours or its

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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1. PLACE OF DEA!	TH			NCE (Where decessed live		idence patora edmission)
	rince Georg	CO S MARYLANI	e. STATE	aryland	Dninge	George's
b, CITY OR TOWN	(if outside corporete limits.	c. LENGTH OF STAY IN	b c. CITY OR TOWN	\ (II outside corporete limits,	write RURAL and	ive neerest town)
AM O	nd give neerest town) verlv		De77-	mand Transfel		3 >
		ot in hospitel, give street eddress)	d. STREET ADDRES	mead, Hyati	'SATTTE-	. IS RESIDENCE
2000	d		4000 -	74th. Place		YES NO A
3. NAME OF	George's Ge	neral Hospital	Last	and the same of th		Day Yeer
DECEASED (Type or print)				OF DEATH		
5. SEX	Loret		Paugh		Sept. 1	0 19 61 EAR IF UNDER 24 HRS.
J. 3EA		MARRIED NEVER MARRIED	8. DATE OF BIRTH	last birthe	ley) Months De	ys Hours Min.
Female	MITTOG	WIDOWED DIVORCED	June 20,	4007	rs. 2 2	
	ATION (Give kind of work working life, even if retired)	10b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Ste	ete or loreign country)	12. CITIZI	EN OF WHAT COUNTRY?
None		None	Mar	vland	U	SA
13. FATHER'S NAME			14. MOTHER'S MAIDE			
Guy W	illiam Paug	h	Mary T	o Hallisey		
15. WAS DECEASED E	EVER IN U.S. ARMED FORCE	S? 16. SOCIAL SECURITY NO. 17	. INFORMANT	Ac	dress	
No.	(II yesgive werordetesofserv		Mary Jo Ha	lligev	same as	#2
	DEATH [Enter only one ca	use per line for (e), (b), end (c).]	Half 00 He		Demo Co	INTERVAL BETWEEN
PART I. DEA	ATH WAS CAUSED BY:					ONSET AND DEATH
9511	IMMEDIATE CAUSE (e)	Amphyxia du	le to		_	
1~7	DUE TO	G., 22 + +				
Conditions, if e	1-1-	Suffocati	lon			
(e), steling the	DI DI IC TO					
cause fast.) (c)_					
PART II. OTH	HER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE CONDITION	N GIVEN IN PART 1	PERFORMED?
CAT						YES NO TO
PART II. OTH	CAUSE WAS 206	. DESCRIBE HOW INJURY OCCURE). (Enter nature of injury in	Pert I or Pert II of item 18.)		
CAUSE OF DEAT		Cought hetween	mettness	and aide of	2 451%	
3 20c. TIME OF IN	IJURY Month, Dey, Yeer	Caught between 200.	PLACE OF INJURY (Home, f	and 81 de 01	chip ount	y) (Stele)
ZOc. TIME OF IN		While Not While et work	Home		ville P	.G. Md.
1000		The remains described above,		Inspection . I		and in my opinion
death resulted			uicide , Homicid		120	and in my opinion
death resulted	rom: Natural caus	es [], Accident			ad illalifier	
ACTUAL		0	CHIEF MEDICA			DEMP GIGINA
SIGNATURE_	Jame	· le / slong	M.D.	AEDICAL EXAMINER		DATE SIGNED
EXAMINER'S	(-)		DEPUTY MEDIC	CAL EXAMINER	Sep	t. 10, 1961
NAME (Type)	JAMES	I. BOYD, M.D.		et, city, town, or county)		
220. BURIAL, CREMAT		22c. NAME OF CEMETERY	ON CREMATURE	22d. LOCATION (City,	lowii, occountry)	(Stete)
Burial	14-13-19	allemator	Mational	arline	yen, U	irginia
23. FUNERAL DIRECT	97	A Appress Park	2 Mod 240. 1		REGISTRAR'S SIG	
W. W.C	ricorribers	io, ywww.	DATE	CL 12 01	wind 2. 10	

VS. A15ME 5M 9/60

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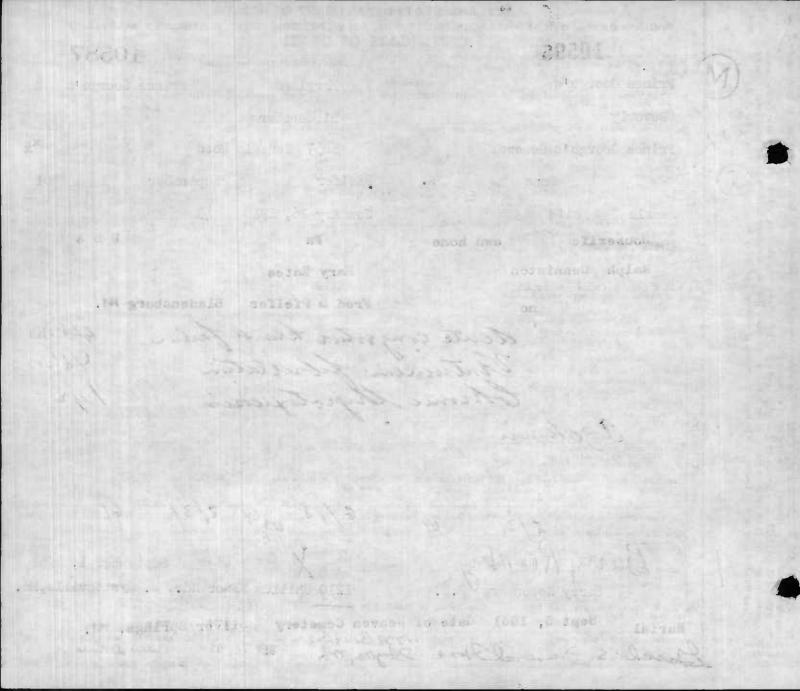
JAKES I, BOVD, N. D.

TO HOS LOB ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after the death. LOB ATTENDING PHYSICIAN: The law requires that the death certificate be spitial or attending physician. LOB CONTRACT DIRECTOR: After this certificate has been signed by the attending physician and complete filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be the state Dept. of Health prior to burial, cremation, or removal, and in any event, within \$2\$ hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

741	WEITHIN SIVING	MINISTER WI	1107-0111	
DIVISION OF STATISTICAL R	ESEARCH AND RECORDS,	301 W. PRESTON	STREET, BALTIMORE 1, MA	RYLAND
4000	CERTIFICATE	OF DEATH		

	11595	, GERTHICATI			40587
V. PLACE OF DEATH			2. USUAL RESIDENCE	CE (Where deceased livad, If	institution: Residence before admission)
e. COUNTY	JE . 40 0		e. STATE	b. COUN	ITY
/ Prince Geo		MARYLAND	Maryland	Pri	nce George's
b. CITY OR TOWN (if ou	tside corporete limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	f outside corporete limits, writ	RURAL and give neerest town)
write RURAL and giv	e nearast town)				110
Cheverly			Bladensb	urg	
d. NAME OF HOSPITAL	OR INSTITUTION (if no	ot in hospital, give street address)	d. STREET ADDRESS		IS RESIDENCE ON A FARM?
D 0	1 - 0	3	L1.37 m	D3	YES T NO TO
	rge's Gene			ussig Road	
3. NAME OF DECEASED	First	Middle	Last	4. DATE Mont	n Day Year
(Type or print)	A	K.	Design	TO TO THE OWNER.	er 7 19 67
5. SEX 6.	Anna		Pfeifer	Septemb	CA
S. SEX	COLOR OR RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRTH	lest birthday)	
Famela	Tulbita W	VIDOWED DIVORCED	Tana 26 -	1078 12 yrs.	Months Days Hours Min.
10a. USUAL OCCUPATION	MITTOC I	10b. KIND OF BUSINESS OR INDUST	January 26, .	1710 1	12. CITIZEN OF WHAT COUNTRY
dona during most of working	g life, even if retired)	IDB. KIND OF BOSINESS OK INDOST	KI II. BIRTHPEACE (COUR	ty of State, or foreign country,	** C1 A
dona during most of working Housew	ife	own home	Pa		USA
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
Ralph	Dannind	CONTRACTOR OF THE PARTY OF THE			
narpn	Dennistor	1	Mary Eate	5	
15. WAS DECEASED EVER I	U.S. ARMED FORCES	? 16. SOCIAL SECURITY NO. 17.	INFORMANT	Address	
(Yes, no, or unkown) (Ifyes	give wer or detes of servi	ice)	Fred D Pfei	for Bladens	burg Md.
	no	use per line for (e), (b), end (c).]	ried b rier	iei bladens	I INTERVAL BETWEEN
Conditions, if eny, w gever rise to immediate (a), stating the under ceuse lest.	ceuse plying DUE TO (c)	Ventricular	fibril	lation	Yshrs.
PART II. OTHER SIC	30 fem	NS CONTRIBUTING TO DEATH BUT N	OT MATED TO THE TERMIN	NAL DISEASE CONDITION GIV	/EN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING (IF EITHER, NOTIFY ME	CAUSE OF DEATH	0b. DESCRIBE HOW INJURY OCCURE	D. (Enter netura of injury in I	Pert I or Pert II of item 1B.)	
20c. TIME OF INJURY Hour a.m. p.m.	Month, Dey, Yeer		ACE OF INJURY (Home, ferm thory, street, office bldg., atc.		(County) (Stata)
21. I certify that	(I) (this hospital)	attended the deceased from	6/18	19.6/ to 8/3/	, 1964, that (I) (we) la
saw the deceased				M, from the causes	and on the date stated abov
22e. SIGNATURE	ry Rose	nserg,	A.D. PHYS.	MED. STAFF DIRECTOR PHYS.	September 1, 1961
22c. PHYSTETAN'S NAME (Type)	arry Rosen	berg, M.D.	1210 Chill	um Manor Rd.,	W. Hyattsville, Mc
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	Sept 5, 19		or GREMATORY Ven Cemetery	23d. LOCATION (City, lo	
24 FUNERAL DIRECTOR'S	1			'D BY REGISTRAR 25b. RE	CICTO APIC CICNIATINE
1/1 /11 2.0	SIGNATURE	() 1) ADDRESS 4739			Tribus S. Kraus



TO HOSPICE OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours after deoth. Page 4 may be recented by the hospital ar ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled to the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove corbon pages. Pages 1 and 2 should be filled with the State Board at Health prior to burial, cremation, or removal, and in any event, within 72 hours ofter death.

VR A15 (4) 15M 9/59

	MA	KILANU	SIAIL	DEP	AKIMI		OF HEA	ALIH	
	DIVISION OF	STATISTICAL	RESEARCH	AND	RECORDS	- BA	LTIMORE	I, MARYLA	N
1050	^	CF	RTIFIC	ΔTF	OF D	FAT	H		

10096	Items 5 & 0	218 6295 9/25/6	1 iwk	10500
1. PLACE OF DEATH		2. USUAL RESIDENCE (Where decea		sidesculate a fairlian)
a. COUNTY.	MARYLAND	a. STATE Marulan	& COUNTY A	unio Geo.
b. CITY OR TOWN (If autside corporate limits, wri	te c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside care	porate limits, write RURAL	and give nearest/town)
RURAL and give nearest tawh)	5 years	1/1. Ho	110 =	
d. NAME OF HOSPITAL (If not in hospital, give str		d. STREET ADDRESS	110	e. IS RESIDENCE
OR INSTITUTION	33. 33. 33.	2/10 71	1	ON A FARM?
2619 Nicholson st		2617 Micho	15 an	YES NO NO
3. NAME OF DECEASED (Type or print) Trances	Middle	Prei KSZAS DEAT		Day Year / 3 196/
	AARRIED NEVER MARRIED DIVORCED DIVORCED	Aug 22, 1908	9. AGE (In years IF UN Man yrs.	NDER 1 YEAR IF UNDER 24 HRS. ths Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of work dane	10b. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State ar foreign	country) 12	CITIZEN OF WHAT COUNTRY?
during most of working life, even if retired)	own home	Minnesota		USA
13. FATHER'S NAME Unknown	TOTAL S	14. MOTHER'S MAIDEN NAME Mary ?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. IN	FORMANT	Address	
(Yes, no, or unknown) (If yes, give war or dates of service)	Ot	to J Preikszas	Hyattsvil	le Md.
1B. CAUSE OF DEATH [Enter only one cause po	er line for (a), (b), and (c).]			INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	Correntoulin	on hosting	with	ONSET AND DEATH
IMMEDIATE CAUSE (a)	a consecute	s of secure	1000	
12//	Motostani			1 NMO
Canditians, if any, which gave rise to immediate (b)	/ VI CLOSTOSE	2		101.00
cause (a), stating the under-				
lying cause last. (c)				
PART II. OTHER SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEA	ASE CONDITION GIVEN IN	PERFORMED?
5				YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRED). (Enter nature af injury in Part I ar P	art II af item 1B.)	
	6	CE OF INJURY (Hame, farm, 20f. (Clary, street, affice bldg., etc.)	ity ar tawn)	(Caunty) (State
Haur a. m. W at 19 at	hile Nat while wark at wark	idiy, sileer, diffice blog., etc.)		
		10-77 1061.	9-11	ded a not in
21. I certify that (1) (this haspital) att	1 / 1	7.10		1951_, that W (we) last
saw the deceased alive an 0-1	1961., and that d	eath accurred at 5 A.M., fran	n the causes and an	the date stated above. 22b.DATE
1220. SIGNATURE	1/11/01	ATTENDING MED.	STAFF PHYS.	O 12 SIGNED
22c. PHYSICIAN'S	acmount !	A.D. PHYS. DIRECTOR [PHYS. L	7-13-01
NAME (Type)	VICKIUSON MD	**d. ADDRESS		
23d. BURIAL, CREMATION, 23b. DATE THEREOF BUT 121 Specify Sept 15, 1	961 Arlington		ATION (City, town, or cou- ington Va	nty) (State)
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. REC'D BY REG		'S SIGNATURE
F. Gasch's Sons Hy	attsville Md.			1 8. Kraue
		DATE STATE		

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			was montonate eron
	10 600E 755 Ref. 1		
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			month
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			to the training
			424
NV sto Jps	Alte American no		DOTATION THAT
			T. V. Garch's cone II

after death. Page

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 10597

b. CITY OR TOWN (If outside corporate limits, write

during most of working life, even if retired)

d. NAME OF HOSPITAL (If not in hospital, give street address)

White

I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o

RURAL and give nearest town)

Suitland

OR INSTITUTION

NAME OF DECEASED

S. SEX

(Type or print)

13. FATHER'S NAME

No

CATION

Female

Retired

Michael

Conditions, if ony, which

gove rise to immediate

couse (o), stoting the under-

200. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21. I certify that I attended/the

lying couse lost

20c. TIME OF INJURY

alive on

ACTUAL

PHYSICIAN'S NAME (Type)

o. m.

p. m.

George Co.

Nursing Home

6. COLOR OR RACE 7. MARRIED NEVER MARRIED

WIDOWED |

No

20b. DESCRIBE HOW INJURY OCC

Not while

ot work

20d. INJURY OCCURRED

While

ot work

deceased fron

Catherine

10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR

Quiglev

IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.

18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).

DUE TO

DUE TO

Doy, Yeor

19

PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH

PLACE OF DEATH o. COUNTY

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MARYLA

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DIVORCED

Wash. Term. Co

c. LENGTH OF STAY IN

IC/	ATE OF DEATH	i				Reg.	Dist. N	30		
		ere deceose				n: Res	deled	berni	ssion)	
ND	Maryla	and		. COUN	ITY .	Pr.	Ge	o. C	0.	
1ь	c. CITY OR TOWN (If o	utside corpo	rote lin	nits, write	e RL	JRAL o	nd give n	earest tov	/n)	
	Hillore d. STREET ADDRESS	est H	igt:	3.			16			
	2349 Ivers	son S	t.	S.	E		1			
(luigley	4. DATE OF DEATH					_		Yeo	61
T 1			_			IF UNE		R IF UNE	DER 2	4 HRS
5	Oct. 5. 1880)	losi	10		Month	Is Doys	Hours		Min.
NDU			ountry)			12.0	CITIZEN	OF WHAT	COU	INTRY
	Wash. I). C.				I	I.S.	Α.		
			111				- 4			
	Rose I	ough	ert	V						
-					ddr	ess				
I	Mary Quigley	7 23	49	Ive	r	son	St	. S.	E.	
,	Year For	line								
100	ofic Card	eo v	Land			15	e -			
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hillcrest Hats. d. STREET ADDRESS 2349 Iverson St. S. E. Lost 4. DATE OF DEATH Sept. 12, 196 8. DATE OF BIRTH 9. AGE (In yeors FUNDER 1 YEAR FUNDER 24 F										
BUT	NOT RELATED TO THE TERMI	VAL DISEAS	E CON	DITION	GIVI	EN IN F	ART 1(o)	PERF	ORM	ED?
URRE	D. (Enter noture of injury in P	ort I or Por	t II of i	tem 18.)						

and 2 shauld filled campletely papers. death. and carbon after physician remave within 72 haurs attending ease ā þ permit. any gned and burial-transit haspital ar attending physician After this certificate ö detached for use TO FUNERAL DIRECTOR: page 3 shauld be priar the registrar

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 may be VS A1S (4) 15M 9/58

220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) Sept 23. FUNERAL DIRECTOR'S SIGNATURE

22c. NAME OF CEMETERY OR CREMATORY

20f. (City or town)

20e. PLACE OF INJURY (Home, form,

that death occurred at

foctory, street, office bldg., etc.)

22d. LOCATION (City, town, or county) Wash

24b. REGISTRAR'S SIGNATURE

M. from the causes and on the date stated above.

ADDRESS 24a. REC'D BY REGISTRAR Penna. Ave.S.E. DATE

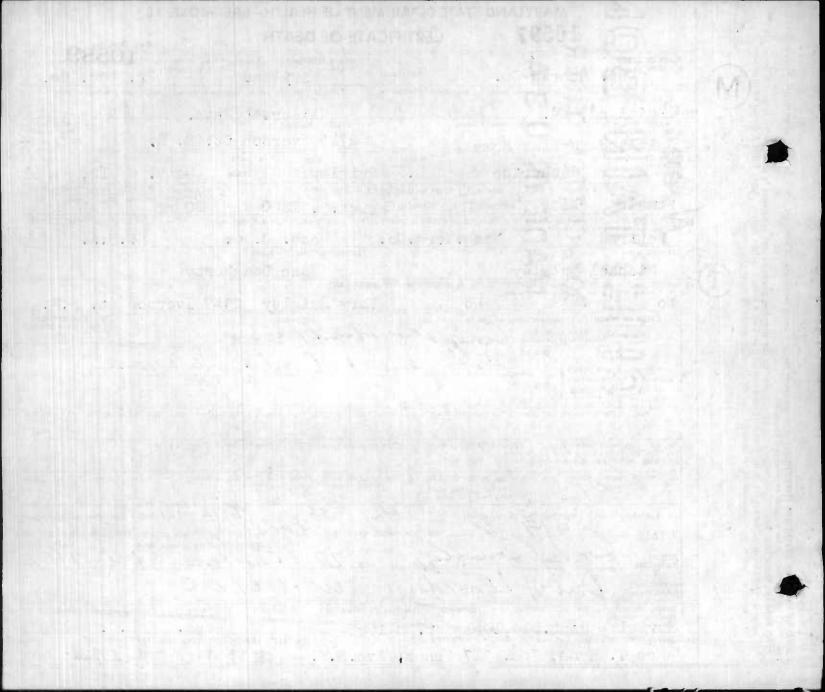
arthur S. Krous

(County)

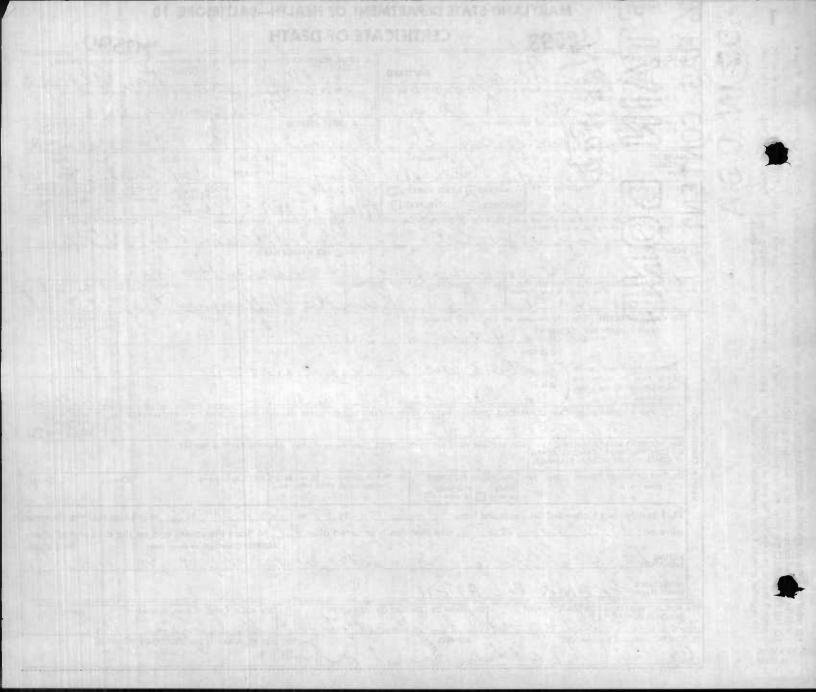
196 that I last saw the deceased

(Stote)

(Stote)



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



BALTIMORE 1. MARYLAND FOR STATE 2. USUAL RESIDENCE (Where deceased lived, If institution: 1. PLACE OF DEATH e. COUNTY b. COUNTY director. ANDYWINE Board OR INSTITUTION (if not in hospital, give street address) . IS RESIDENCE ON A FARM? YES NO NAME OF 4. DATE Month Day DECEASED OF (Type or print) DEATH 1961 LBERT 5. SEX AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthdey) Months WIDOWED X DIVORCED 12. CITIZEN OF WHAT COUNTRY? pages ElizABETH 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, pruntown) (If yes give wer or detes of service) KICHARDSON, BRANDYWINE, 18. CAUSE OF DEATH [Enter only one cause par line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Office geve rise to immediate cause DUE TO (a), steting the underlying cause lest. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19, WAS AUTOPSY CERTIFICATION PERFORMED? NO T plnods 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of Item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. Chief buri Month, Dey, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, | 20f. (City or town) 20c. TIME OF INJURY (County) (State) fectory, street, office bldg., etc.) While 0 et work et work OR: 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 4 Inquiry 2 and in my opinion 9 MEDICAL forwarded to Natural causes Suicide death resulted from: Accident Homicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ASSISTANT MEDICAL EXAMINER FUNERAL should be Address (Street, city, town, or county) DEP 409 OH 24e. REC'D BY REGISTRAR VS. AISME The HUNTT FUNERAL HOME, WALDER arthur & Kines DATE

ND STATE DEPARTMENT OF HEALTH

and the same seems and something EL MINE CORRECT DERECHE CHARLES ALBERT THERE MEMORIES MARY - M THE HOURT PRINCESS HAY WAS ECT OFD TO HOST AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after \$\frac{1}{2} \in \text{death}\$. Hose 4 may be retained by the hospital or attending physician.

\$\frac{2}{2} \in \text{TO FOUREAL DIRECTOR:}\$ After this certificate has been signed by the attending physician and complete willed in by the funeral of director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deapth.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

10600 CERTIFICATE OF DEATH

10593

1	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where decaased lived, If institution: Residence before admission)		
Л	Prince George's MARYLAND			
1	b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		
	V110 4 0 2 11.7			
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)			
	Prince Coorcels Coronal Magnital			
d				
	DECEASED	OF COLUMN		
	(Type or print) Vincent Ri	chardson DEATH September 10 19 61		
	5. SEX 6. COLOR OR RACE 7. MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.		
	Male Colored WIDOWED DIVORCED	11-25-98 62 yrs. Months Days Hours Min.		
		TRY 11. BIRTHPLACE (County & Stata, or foreign country) 12. CITIZEN OF WHAT COUNTRY?		
		Prince George 's Co. Md. USA		
	13. FATHER'S NAME			
1				
	And the second s	Mrs. E Josephine Richardson, Wife		
	18. CAUSE OF DEATH [Enter only one cause per lina for (a), (b), and (c).]	INTERVAL BETWEEN		
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	tro lyle Intolance ONSET AND DEATH		
1	59 V			
	Maria Maria	Maria de la como		
	(-/	with distant		
	(a), stating the underlying DUE TO			
	cause last. (c)			
		NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY		
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT I			
	O ACCIDENT WAS UNDERLYING TO 1 204 DESCRIPE HOW INTURY OCCUR			
	OR CONTRIBUTING CAUSE OF DEATH	ED. (Enter netura of injury in raff) of raff if of fialli to.)		
Ġ,	L.			
	Hour a.m. While Not While "	scioty, sites, office orage, area		
		7/17 10/1 9/18 10/14 10/14		
	saw the deceased alive on			
	22a. SIGNATURE	ATTENDING MED STAFF 22b DATE		
	1 to tous Hender	M.D. PHYS. DIRECTOR PHYS. P		
	22c. PHYSICIAN'S	22d. ADDRESS4506 COLLEGE AVE		
	CNAME TOUIS MENDEL, M.D.	COLLEGE PARK Ma.		
		AS STATE Second Compare Compa		
	## ASTATE MARYLAND			
		AS STATE (MSShington, D. C.) Wishington, D. C. LENGTH OF STAY IN 16 La corporate limits. Bereated lown) La day Lat (MSShington, D. C.) COLY OR TOWN (If outside corporate limits, write RURAL and give neerest fown) Lat (MSShington, D. C.) COLY OR TOWN (If outside corporate limits, write RURAL and give neerest fown) A STREET ADDRESS A. IS RESIDENCE ON A FARMY VES [] NO BEATH DEATH September 18 19 61 Lat (A DATE Month Day Vest (See I) DEATH September 18 19 61 Lat (A DATE Month Day Near (See I) JEANTH September 18 19 61 Lat (A DATE Month DAY Near (See I) JEANTH September 18 19 61 Lat (A DATE Month DAY Near (See I) JEANTH September 18 19 61 DEATH September 18 19 61 Lat (Lat (County & Sine), of feeting accountry) For Ince George 's Co. Md. Lat (County & Sine), of feeting accountry It. MONTHE'S MAIDEN NAME Elizabeth Richardson Address Address Late CAUSE (B) DUE TO (c) (d) FIGHER ONLY OCCURED (Enter neture of injury in Part 1 or Part II of Item 18.) Late CAUSE (B) DUE TO (d) DERIVING [] TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMENT VES [] NO [] While Sine Sine Sine Sine JECT OR ACCE ADDRESS Sine Sine JECT OR ACCE ADDRESS Sine JECT OR OR ACCE ADDRESS Sine JECT OR ACCE ADDRES		
		RED O CICA		
	Teles of the p. 414 15th.	DEO DO DATE Chillian S. March		

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FOR STATE REALTH DEPT may is necessary, meral director. Page ned for your files. The Board of Realth, the Board of Realth, the states of TO DEXPLAY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If an hay is please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the furtheral din 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

> VS. AISME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH MEDICAL EXAMINER'S CERTIFICATE OF DEATH

The The	2. Film G295 9	/18/61 iwk	OF DEATH	10594
I. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENC		
Prince George	l a MARYLAND	a. STATE Mary		Prince George!
b. CITY OR TOWN (if outside corporate limits.	c. LENGTH OF STAY IN 16			vrita RURAL and give nearest town)
write RURAL and give nearest town) Cheverly		BB Kentla	nđ	
d. NAME OF HOSPITAL OR INSTITUTION (IF no	t in hospital, give street address)	d. STREET ADDRESS	110	e. IS RESIDENCE
		/		ON A FARM?
rince George's Gen	eral Hospital	7710 Gr	eeley Road	
DECEASED	Middle	Lasi	OF	onlh Dey Yeer
(Type or print) Louis	e Mary	Rithman	DEATH Se	pt. 12, 1961
SEX 6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In year	3
Temale White w	DOWED DIVORCED	May 5, 188	10th 10th 4	. Monins Deys Hours Min.
a. USUAL OCCUPATION (Give kind of work one during most of working life, even if retired)	106. KIND OF BUSINESS OR INDUST			12. CITIZEN OF WHAT COUNTRY
	A+ Tlama	Ital	20	USA
FATHER'S NAME WORK	At Home	1 14. MOTHER'S MAIDEN N		USA
Tohn Wound		****		
John Yours . WAS DECEASED EVER IN U.S. ARMED FORCESS	16. SOCIAL SECURITY NO. 17.	Unknown		
es, no, or unkown) (If yes give wer or dates of service		INFORMATAT	3500	- 37th. Ave.,
No	None H	arry R. Rit	hman Colm	ar Manor. Md.
1 18. CAUSE OF DEATH [Enter only one cause	a par lina for (a), (b), and (c).		THOM: COTIE	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	4 - 4 9 -			ONSET AND DEATH
IMMEDIATE CAUSE (a)	Acute dong	estive hear	t lallure	
744X DUE TO				
Conditions, if any, which \ (b)	Cardiovaso	ular renal	disease	
(a), stelling the underlying DUE TO	6			
cause last. (c)				
PART II. OTHER SIGNIFICANT CONDITION	IS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINA	L DISEASE CONDITION O	GIVEN IN PART 1(a)) 19. WAS AUTOPSY
				PERFORMED?
Diabetes				YES NO
PART II. OTHER SIGNIFICANT CONDITION Diabetes 20%. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	DESCRIBE HOW INJURY OCCURED. (Enter netura of injury in Part I	or Part II of Item 1B.)	
CAUSE OF DEATH.				
20c. TIME OF INJURY Month, Day, Yeer		CE OF INJURY (Home, ferm,	20f. (City or town)	(County) (State)
Hour a.m.	While Not While fac	tory, street, office bldg., etc.)		
p.m. 19		11 A i 🗖 1		
21. I certify that I took charge of th	e remains described above, he	an Autopsy		uiry , and in my opinion
death resulted from: Natural cause	Accident, Suice	ide, Homicide _	Undetermined	manner
		CHIEF MEDICAL EX	AMINER	
ACTUAL	2 9 . 1 Zam	ASSISTANT MEDIC	AL EXAMINER	DATE SIGNED
SIGNATURE COM	-	DEPUTY MEDICAL I	YAMINED IT	
EXAMINER'S NAME (Type)	T 70177 1/ 5		-	Sept. 12, 196
BURIAL CREMATION 22b. DATE THEREOF	I BOYD M D		y, town, or county) 2d. LOCATION (City, to	wn, or country) (Siele)
REMOVAL (Specify)	N 1 0	A	My D	(31010)
Burial 9-13-6	1 1 2		ma.	
3. FUNERAL DIRECTOR Thomas B3	January Address	12	BY REGISTRAR 24b. R	EGISTRAR'S SIGNATURE
Timethy Han IDA Fun	H03831 GAAV	en 4 DATE S	EP 14 '61	Cerebut S. Wisces
	- 7/2			

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	514151014	10602	C	ERTIFICAT	E C	F DEATH	JIREEI, I	JALIIMORE	11	0.59	9.5	
		GEORGES (if outside corporata limit	e 1 c	MARYLAN	D	a. STATE MARYLA c. CITY OR TOWN (I	ND	b. COUN	PRI	NCE C	EOR	GES
	ANDREW:	S AIR FORCE	BASE 1	B HRS 30 M		CAPITO	L HEI		NONTE BITE			
		FORCE HOSPI		give street address)		STREET ADDRESS	TH AVE	ENUE			ON A	FARM?
	3. NAME OF DECEASED (Type or print)	TERRY		Middla LEA	RC	Last DBINSON	4. DATE OF DEATH	Month SEPTEM		Day	Yaar 19	61
	5. SEX FEMALE	6. COLOR OR RACE	7. MARRIED WIDOWED	NEVER MARRIED X		ATE OF BIRTH	A	last birthday)		ays H	UNDER	24 HRS. Mln. 30
	10a. USUAL OCCUPA done during most of v	ATION (Giva kind of work vorking lifa, even if retira	d) 10b. KIND (USTRY	11. BIRTHPLACE (Count MARYLAND	ly & Stata, or	foreign country)		TED	HAT C	OUNTRY?
-	13. FATHER'S NAME				14	. MOTHER'S MAIDEN	NAME					
	JAMES A	ROBINSON				MARJORIE 1	L YOYK					
	(Yas, no, or unkown)	VER IN U.S. ARMED FOR (If yas give war or datas of se	NO	ONE	7. INF	ORMANT		Address				
		DEATH Enter only one TH WAS CAUSED BY:		or (a), (b), and (c).] TORY FAILU	URE					ONSET	AND D	EATH
	761.0	DUE TO									10010	
	Conditions, if ar		POSSIBL	E CENTRAL	NER	VOUS SYSTEM	DAMAG	E		18 F	OUR	S
	(a), stating the causa last.	DUE TO	DIFFICU	LT LABOR A	AND	DELIVERY				18 H	IOUR	S
		ER SIGNIFICANT CONDIT	IONS CONTRIB	UTING TO DEATH BUT	T NOT R	ELATED TO THE TERMIN	IAL DISEASE	CONDITION GIV	EN IN PART		PERFOR	UTOPSY RMED?
		WAS UNDERLYING [] G [] CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESCRIBE	HOW INJURY OCCU	URED. (E	ntar neture of injury in t	Part 1 or Part I	l of item 18.}				
1	20c. TIME OF IN. Hour a.m.			RY OCCURRED 2De. Not While at work		OF INJURY (Homa, farm , straat, office bldg., atc.		y or town)	(Coun	ty)	((State)
	21. I certify	that (I) XXXXXXI	SEPT	the deceased from 19.61., and	om1.			17 SEPT				
	22a. SIGNATURE	wholl.	Mu	laan	M.D.	PHYS.	AED.	STAFF PHYS.		17	SEP	SIGNED 61
	22c. PHYSICIAN'		MALSAN (CAPT USAF	MC	USAF HOSP	ANDRI	EWS AFB,	WASH	25 D	C	
	23a. BURIAL, CREMA REMOVAL (Specif	TION, 236. DATE THER	EOF 230	. NAME OF CEMETE	ERY OR	CREMATORY	123d. 100	ATION (City, tov	on or county)		(Sta	ate)
	Rinalli 72	DR'S SIGNATURE	Ine a	816 H 87.	n.	E. ACADATE S		1 25b. REG	ristrar's si	10		
	205019	2.xV+										

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

10596

	10003		CERTIFICA	AIE OI	DEATI	1 - 16	16.				
1. PLACE OF DEATH o. COUNTY	Prince Geo	Items rges	MARYLAND	2. USUA a. STA			lived. If institution b. COUNTY	Residence before Prince	re admission) reorges		
b. CITY OR TOW RURAL ond giv d. NAME OF HOTO OR INSTITUTION 3. NAME OF DECEASED (Type or print) S. SEX Male 10o. USUAL OCCUP during most of Meter 13. FATHER'S NAME Ed 15. WAS DECEASED (Yes, no, or unknown) 18. CAUSE OF PART I. Canditians, gove rise toouse (o), stol lying cause living cause liv	N (If outside corporate limits, write re neorest town) Cheverly Cheverly Cheverly Cheverly Cheverly				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) / 2 Hyattsville						
d. NAME OF HOSE OR INSTITUTION Prince	a			d. STI	ALOS	Kennedy	Street		e. IS RESIDENCE ON A FARM		
DECEASED	Edwin Fir	st	Middle	Rodm	lost Ian	4. DATE OF DEATH	Month Sept		ay Yeor		
	6. COLOR OR RACE White	7. MARR	IED 🔀 NEVER MARRIED 🗌	B. DATE OF	Nov 190		4 . 1 . 1 . 1 . 1	Manths Doys	R IF UNDER 24 Hours M		
during most of w	TION (Give kind of work orking life, even if retired Reader	done 10b.	KIND OF BUSINESS OR IND	USTRY 11. B	RTHPLACE (Stote		ountry)	12.CITIZEN O	· A ·		
13. FATHER'S NAME		100		14. MOT	HER'S MAIDEN	NAME		71-15 TK			
Edw	ard P. Rod	man			Alice A	Adams					
15. WAS DECEASED ET (Yes, no. or unknown)	VER IN U. S. ARMED FOR (If yes, give war or dates of s	CES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT			Addre	ess			
gove rise to couse (o), stotin lying cause las	g the under-)	ontributing to death b	JT NOT RELA	TED TO THE TERA	MINAL DISEASE	E CONDITION GIVE	N IN PART 1(a)	19. WAS AUTO PERFORMED YES // NO		
200. ACCIDENT V OR CONTRIBUTION (IF EITHER, NOTIL	VAS UNDERLYING DATH OF DEATH OF MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCCUR	RED. (Enter no	sture of injury in	Port I or Port	II of item 1B.)				
20c. TIME OF INJI Haur a. m p. m	. 10	20d. It While at work	Not while		JURY (Home, for , office bldg., e		or town)	(County	·) (S		
	nat (I) (this hespital ased alive on	attend	ed the deceosed from			942 to	9 · 2 the causes and		hat (I) (عرف) e stoted abo		
22a. SIGNATURE	(10	et.		M.D. PHYS	. 4	MED.	STAFF PHYS.		22b. DA		
22c. PHYSICIAN'S NAME (Type	Dr. A. Dei	tz M	.D.	228.	ADDRESS	Hyat	tsville.,	Md			
23a. BURIAL, CREMAT	ION, 23b. DATE THEREC)F	23c. NAME OF CEMETERY	OR CREMATO	ORY	23d. LOCAT	TON (City, town, or	r county)	(State)		
Burial	9/5/61		Fort Lincoln		A		densburg	Mary1			
24. FUNERAL DIRECTO	PERS SIGNATURE	Lame	ADDRESS: 4212 45H	GA.A.	2So. REC	C'D BY REGIST	RAR 2Sb. REGIS	TRAR'S SIGNATU	JRE		

s after death. Page

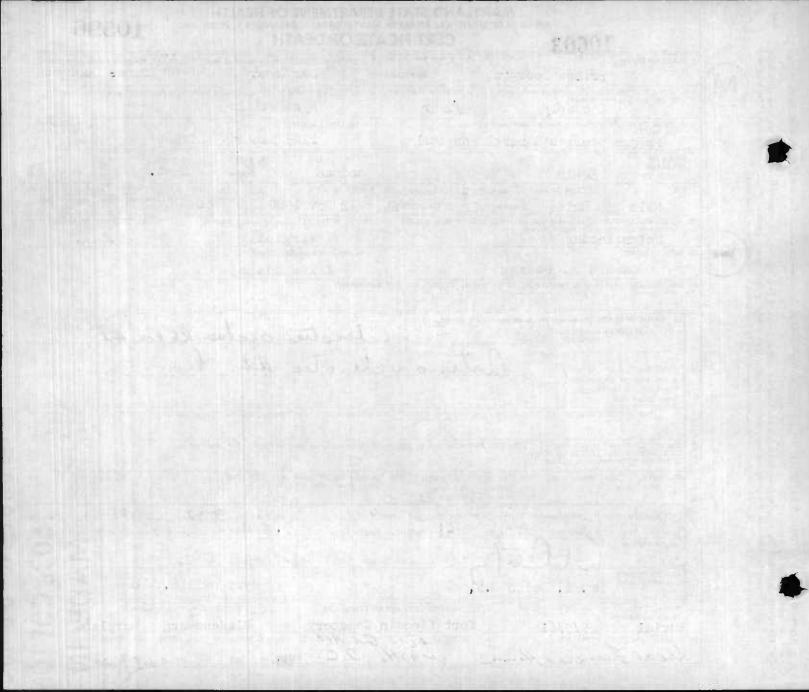
the funeral directar, should be filed with TO HOSP!

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled. pet hours ofter death ond in ony event, with ar remayal, page 3 should be detached for use as the burial-transit permit.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

VR A1S (4) 1SM 9/59



15 C.C. Prince George! a Terms salvo scho 13 18 midnergos H enon Hettle Pestl Mig, 25, 1909 BE Female Milte U.S. Covt. Taxet Taxet Tvos a.u. riche M Walter W. LeMagner Barbarana Charle Mal ten W. Rowe, washington 25, D.C. THE TOTAL SET OF SET SETTING Jenes I. Bord.

Surial S/37/61 Arithmeton Newtonel Addington, Virginia

FOR STATE by is necessary, and director. Page ed for your files. TO DEPLY: MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the figural direct 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 3 may be retained for yo TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages I and 3 with the State Board or its designated agent, prior to burial, cremation, or removal, and in any event within 22 hours after death.

VS. A1SME SM 9/60

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 10505 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 10598

1. PLACE OF DEAT	TH				, If institution: Residence before admission
	ince George's	MARYLAND	a. STATE	9 9	Montroment
b. CITY OR TOWN	(if outside corporete limits, and give neerest town)	c. LENGTH OF STAY IN 16		yLand (If outside corporate limits, v	write RURAL and give nearest towns
River			Punto	neville	1313-
	PITAL OR INSTITUTION (if not in I	hospitel, give street eddress)	d. STREET ADDRESS	IIISATTTE	. IS RESIDENCE
C 7 07 0	nd Managed -7 11		7.407.0		ON A FARM
3. NAME OF	nd Memorial H	ospital Middle	14910	Columbia Ro	Dey Yeer
(Type or print)				OF DEATH	
	Sante		Santini	Sept	ember 9, 1961
5. SEX	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED B	. DATE OF BIRTH	9. AGE (In ye lest birthda	ers IF UNDER 1 YEAR IF UNDER 24 HRS
Male	White WIDO	WED DIVORCED	September	15. 1870 91	
	TION (Give kind of work vorking life, even if retired)	KIND OF BUSINESS OR INDUSTR	September	or toleign country)	12. CITIZEN OF WHAT COUNTR
		War sound to as	74.74		T+-1
13. FATHER'S NAME	rer	Farming	14. MOTHER'S MAIDE	NAME	Italy
Antoni	3 Contint		France of	Cm4774	
	O Santini VER IN U.S. ARMED FORCES? 1	6. SOCIAL SECURITY NO. 17. 1	Eurosia	Grilli	PRES
	(If yes give wer or detes of service)				
No	None	A	nthony P.	Santini S	Same as #2
	DEATH [Enter only one cause pe	or line for (e), (b), end (c).]			INTERVAL BETWEEN ONSET AND DEATH
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Fracture of	the right	Hin	
70	Q DUE TO			****	
Conditions, it en	J & "	Monminal mas	umand -		
geve rise to imme	diete cause	Terminal pne	umonia		
(e), steting the	underlying DUE TO				
cause last.	J (c)	ONITRIBUTING TO DEATH BUT NO	T DEL ATER TO THE TERM	MALA DISTACT COMBITION	
PART II. OTH	EK SIGNIFICANT CONDITIONS C	ONIKIBUTING TO DEATH BUT NO	OI KELATED TO THE TERM	INAL DISEASE CONDITION	GIVEN IN PART 1(e) 19. WAS AUTOPS' PERFORMED?
3					YES NO
PART II. OTH		CRIBE HOW INJURY OCCURED. (
PRIMARY STOR C	i. Fe	all walking in	the bath	room	
20c. TIME OF INJ	JURY Month, Dey, Yeer 20	d. INJURY OCCURRED 20e. PLA			(County) (Stete)
Hour e.m.	WI 01 /03	week Class work Class	ory, street, office bldg., et		Md
			me	Burtons	ville Montgomar
		emains described above, he		Inspection X Inc	
death resulted	from: Natural causes	. Accident Suic	ide, Homicide	Undetermined	manner
	1	0 10	CHIEF MEDICAL	EXAMINER	
ACTUAL SIGNATURE	Varnos	1 / Some	PAD ASSISTANT ME	DICAL EXAMINER	DATE SIGNED
	1		DEPUTY MEDICA	AL EXAMINER T	
EXAMINER'S NAME (Type)	JAMES I.	BOYD. M.D.	Address (Street.	city, town, or county)	Sept. 9, 196
22e. BURIAL, CREMATI	ION, 226. DATE THEREOF	BOYD M.D.	CREMATORY	22d. LOCATION (City, to	own, or country) (State)
Sura Specif	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	St Marys	Cem.	Laurel	Maryland
23. FUNERAL DIRECT		ADDRESS	24a. RE		REGISTRAR'S SIGNATURE
1/21/17	+ N. O.	1 10	h. 1	SEP 1 5 '61	arthur Straws
AVII IA I IA		Barria IV /	DATE		The state of the s
rue ym	C Nanwara	a paury /	- G TOATE		· · · · · · · · · · · · · · · · · · ·

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Senting September 9, 18

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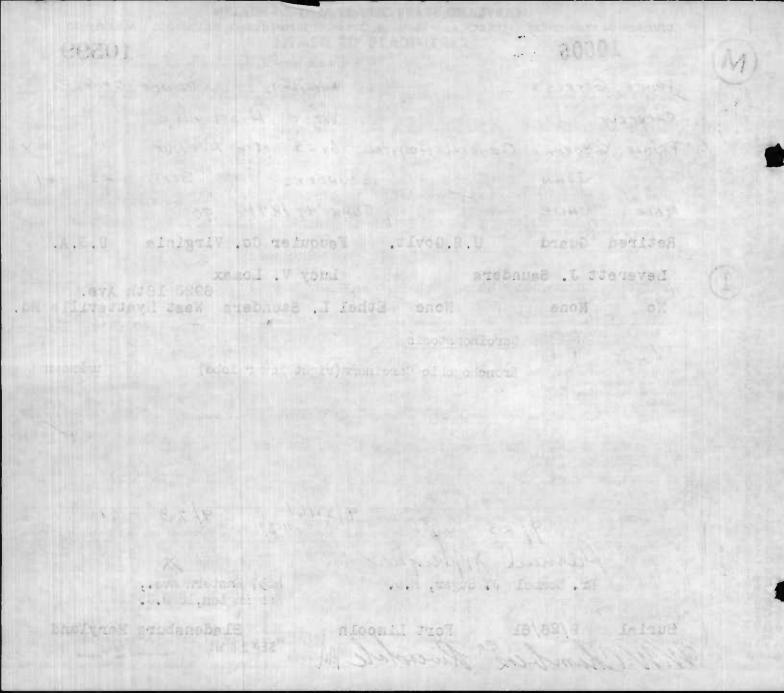
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JAMES I. BOLD, M. M.

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VR A1S (4) 1SM 9/S9

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

2000		CERTIFICA	TIL OI DE	7111		10	1600
1. PLACE OF DEATH o. COUNTY Prince Geo	rges	MARYLAND	o. STATE	ICE (Where dece	ased lived. If institu b, COUNT		perfore admission)
b. CITY OR TOWN (If outside corporate lim RURAL and give nearest town) Cheverly		c. LENGTH OF STAY IN 16	c. CITY OR TOV	VN (If outside co	rporote limits, write	RURAL and give	nearest town)
d. NAME OF HOSPITAL (If not in hospital, OR INSTITUTION			d. STREET ADD			7.0	e. IS RESIDENCE ON A FARM?
Frince Georges			-			race	YES NO
3. NAME OF DECEASED (Type or print) Li]	rst .ly	Middle	Schmid	d. DAT OF DEA		ept.	Day Yeor 3 19 6]
S. SEX 6. COLOR OR RACE	7. MARE	IED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years		EAR IF UNDER 24 HR
Female White	WIDOWI	DIVORCED	23 July	1883	lost birthdoy)		
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired	done 10b.	KIND OF BUSINESS OR INDI	ISTRY 11. BIRTHPLAC	E (Stote or foreig	n country)	12. CITIZEN	N OF WHAT COUNTR
None		At Home	Balti	more M.	aryland		U.S.A.
13. FATHER'S NAME			14. MOTHER'S MA	AIDEN NAME			
Christian Sc				milie			
1S. WAS DECEASED EVER IN U. S. ARMED FO (Yes, no, or unknown) (If yes, give war or dates of				4 Harf UERITE	ord Terr	ace Ba	lto. 14,
gove rise to immediate	0) ()	ie for (o), (b), ond (c).	- ly	notu	Hfa	les.	INTERVAL BETAVEEN ONSET AND BEATH
_	c)	CONTRIBUTING/TO DEATH/BU	T NOT RELATED TO TH	JE TERMINAL DISE	EASE CONDITION G	IVEN IN PART 1((o) 19. WAS AUTOPS PERFORMED?
PART II. OTHER SIGNIFICANT COI	12	wells /	ellius		2.	M.	YES NO
OR CONTRIBUTING CAUSE OF DEATH	206. DES	CRIBE HOW INJURY OCCURR	ED. (Enter noture of in	njury in Port I or	Port II of item 18.)		
20c. TIME OF INJURY Month, Doy, You Hour o. m. 19	20d. II While of wor	Not while f	LACE OF INJURY (Ho octory, street, office b		City or town)	(Cou	inty) (Sto
21. I certify that (1) (this haspite saw the deceased alive an	attend		30 aug	1261.to		- /	, that (I) (we) la date stated abav
220. SIGNATURE		doney	M.D. ATTENDING	MED. DIRECTOR	STAFF PHYS.		22b. DATE SIGNI
22c. PHYSICIAN'S NAME (Type) Dr.T Ma	loney	.,M,.D.	22d. ADDRESS		71st Ave.	116	
23a. BURIAL, CREMATION, 23b. DATE THERE REMOVAL (Specify) 9/6/61	OF	23c. NAME OF CEMETERY	OR CREMATORY CEMETERY	23d. LO	CATION (City, town,	, or county)	(Stote)
24. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	The second second second	So. REC'D BY REC		GISTRAR'S SIGN	
HENRY SANDER & S	ONS	INC. BALTO.	MD.	ATESEP 6	'61 a	Thur S. Kr	alla

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TO HOS

A. OR AITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete. After this director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 10601

	LUDUX				
1. PLACE OF DEAT	н		2. USUAL RESIDEN		institution: Rasidence before admission)
Prince Ge	orge's	MARYLAND	Washingt	on, 21, D. C.	IMATULAL FOR CHENCE
	(if outside corporete limits, d give neerest lown)	c. LENGTH OF STAY IN 16			te RURAL and give neerest town)
Cheverly	a give neerest lown)	20 days	Hillcrest	Heights	14
	ITAL OR INSTITUTION (if not i		d. STREET ADDRESS		IS RESIDENCE
	eorge's General				est Hghts. YES X NO
3. NAME OF DECEASED	First	Middle	Last	4. DATE Mont	
(Type or print)	Wilma	0.	Shipe	DEATH Septe	ember 20 19 61
5. SEX Female	6. COLOR OR RACE 7. MA	ARRIED NEVER MARRIED B	1-9-12	9. AGE (In yeers last birthdey)	IF UNDER 1 YEAR IF UNDER 24 HRS.
10a. USUAL OCCUPAT	TION (Give kind of work orking life, even if retired)	Ob. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Coun	ty & State, or foreign country	12. CITIZEN OF WHAT COUNTRY?
Saleslady		G. C. Murphy	Virginia		usa
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
Owen Obs	ugh		Etha Willi	ams	
15. WAS DECEASED EV	VER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT	7414- Varnum	Samuel
No (Yes, no, or unkown) ((If yes give we ror detes of service)	Lou	ise V. Frye	Hyattsvill	Maryland.
18. CAUSE OF I	DEATH (Enter only one causa	per line for (e) (b), and (c).]	1	-1/	INTERVAL BETWEEN
PART I. DEAT	TH WAS CAUSED BY:	Vitalia	- 82	2 L 411	ONSET AND GEATH
9 11	IMMEDIATE CAUSE (e)	Current	1	7	The state of the s
14	DUE TO	1/2 2 1	2/2	16-10	
Conditions, if en	y, which (b)	oscon (ma	as ravi	
(a), stating the u	DISC TO				
ceuse lest.) (c)				
PART II. OTHE	R SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMI	NAL DISEASE CONDITION GI	VEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
CAT					YES YO 1
OR CONTRIBUTING	AS UNDERLYING 20b. G CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURED), (Enter natura of injury in	Pert I or Pert II of itam 18.)	
3 20c. TIME OF INJU	URY Month, Day, Yeer		ACE OF INJURY (Homa, ferr		(County) (State)
20c. TIME OF INJU		While Not While fac	tory, street, office bldg., atc	.]	
			1958	19 to 9/2	19 (d. /., that (I) (we) last
	91	ttended the deceased from.	12		and on the date stated above.
	ased alive on		death occured arm	non-mie causes	22b. DATE
22a. SIGNATURE	1 Ten lota	3 3 h	A.D. PHYS.	MED. STAFF PHYS.	SIGNED 9/20/4
22c. PHYSICIAN'S NAME (Type		citsky	3408R.	f. ane mt	- Rainen, 3.S.
23a. BURIAL, CREMAT		23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, to	own or county) (State)
REMOVAL (Specify	Sept. 23- 6	1 Cedar Hill	Cemetery -	Suitland, N	faryland.
24 FUNERAL DIRECTO	R'S SIGNATURE	166 NODESS OOF	74 0 25a. RE	C'D BY REGISTRAR 256. RI	
Simm	ONS DROS	en IMASh	20 - DE DATE &	EP 2 5 '61	2 -1 0 4
1/1/11	Cres	10.0011	*levir 9		William & Krauk

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TO HOS L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after a death. For the may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete Alled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please-remove carbon papers. Pages 1 and 2 should be director, page 3 should be detached for use as the burial-transit permit. Then please-remove carbon papers. Pages 1 and 2 should be director, page 3 should be detached for use as the burial, cremation, or removal, and in any event, within 72 hours after death.

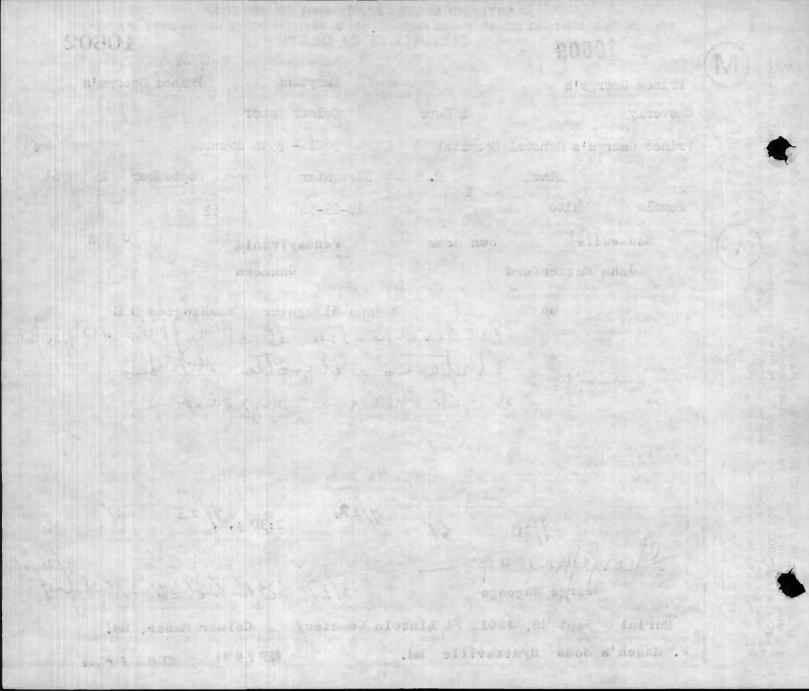
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

10602

10003			
1. PLACE OF DEATH a. COUNTY			NCE (Where decessed lived, If institution: Residence before admission
Prince George's	MARYLAND	a. SIATE Maryland	d Prince George's
b. CITY OR TOWN (if outside corporete limits, write RURAL and give neerest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporete limits, write RURAL and give nearest town)
Cheverly	1 Hour	Colmar 1	Manor 4-4-
d. NAME OF HOSPITAL OR INSTITUTION (if not in ho	spital, give street address)	d. STREET ADDRESS	
Prince George's General Ho	spital	3601 - 3	39th Avenue
3. NAME OF First DECEASED	Middle	Lest	4. DATE Month Day Yeer
(Type or print) Ethel		Slaughter	OF DEATH September 25 1961
5. SEX 6. COLOR OR RACE 7. MARRI	ED NEVER MARRIED B	. DATE OF BIRTH	9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthdey) Months Days Hours Min.
Female White WIDOW	ED DIVORCED	10-25-98	62 yrs. Months Days Hours min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	CIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Cou	
Housewife	wn home	Pennsyl	
13. FATHER'S NAME		14. MOTHER'S MAIDEN	
John Rutherford		Un	known
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. (Yas, no, or unknown) (lifyes give wer or dates of service)	SOCIAL SECURITY NO. 17. 1	NFORMANT	Address
no	A	nna Slaught	er Washington D C
18. CAUSE OF DEATH [Enter only one ceuse per	line for (e) (b), end (c).]	-	ONIGHT AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Mherocu	afore 1	Occ Left Con And 9/25/6
260 X DUE TO : /	1	0	7 1/2/
Conditions, if eny, which) (b)	Meres	selec	she AZ des
geve rise to immediate cause DUE TO			
(a), steting the underlying ceuse lest.	a Later Mad	Telens - Os	un xodiama
Z PART II. OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERM	MINAL (DEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CO			YES NO .
© 20a. ACCIDENT WAS UNDERLYING ☐ 20b. DE OR CONTRIBUTING ☐ CAUSE OF DEATH	SCRIBE HOW INJURY OCCURED	. (Enter nature of injury in	n Pert & or Pert II of item 18.)
0		CE OF INJURY (Home, fer	
Hour e.m. While two	THE THILD	1	
21. I certify that (I) (this hospital) atter	nded the deceased from	1/2/31	19 to 9/25 , 196/, that (I) (we) la
1 4/20		death occured at	2:30 from the causes and on the date stated above
220. TGNATURE			22b. DATE
Mongeltanoag	29 M	ATTENDING PHYS.	DIRECTOR PHYS. 9/26/
22c. PHYSICIAN'S		22d. ADDRESS	201100000
NAME (Type) George Hageag	е	37/1-5	8th holostage who
238. BURIAL, CREMATION, 236. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town or county) (State)
Burial Sept 28, 196	1 Ft Lincoln	Cemeterv	Colmar Manor, Md.
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		EC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE
F. Gasch's Sons Hyatts	sville Md.	DATE	SEP 2 9 '61 Que & K
			OCT 29 01 Only & Kind



VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Bronchogenic carcinoma, right lung ONSET AND TO UNENDWITH Conditions, if eny, which gave rise to immediate ceuse (e), steling the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS ALPERFOR YES NOT CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. ACCIDENT WAS UNDERLYING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER While of work of the work of the control	Yes, no, or unkown) (If yes give wer or detes of service)			D 0			Sei	vice
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22c. SIGNATURE M.D. ATTENDING PHYS. DIRECTOR PHYS. 9/5/ 22c. PHYSICIAN'S NAME (Type) Moe Weiss, M. D. 22d. ADDRESS Clenn Dale Hospital Glenn Dale, Md. 3c. GURIAL CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Cy-/2-6/ Cy-/2	4 . 4							
ATTENDING PHYS. DIRECTOR PHYS. 9/5/ 22c. PHYSICIAN'S NAME (Type) Moe Weiss, M. D. 22d. ADDRESS Clenn Dale Hospital Glenn Dale, Md. 3e. GURIAL CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Cy-/2-6/	1 -1 -1	ministration of the						. DATE
NAME (Type) Moe Weiss, M. D. Glenn Dale, Md. Glenn Dale, Md. Glenn Dale, Md. See Gurial Cremation, 23b. Date thereof Removal (Specify) G-/2-6/ REMOVAL (Specify) G-/2-6/ REMOVAL (Specify) G-/2-6/ REMOVAL (Specify) G-/2-6/ Glenn Dale, Md. 235. Location (City, town or county) (Specify) G-/2-6/ REMOVAL (Specify) G-/2-6/ Glenn Dale, Md.	More Wars	. N	I.D. PHYS.	DIRECTOR	PHYS.		9/5	/61
REMOVAL (Specify) 9-12-61 Woodlawn Cemetery 4611 Benning Rd., S. Extender		4. D.	22d, ADDRESS			-		
	36. BURIAN CREMATION, 236. DATE THEREOF 2 REMOVAL (Specify) 9-12-61	Wood,	Lawn Cemeter				Good	r D.
ENDERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS SEP 1 1 '61 Coving S. Kraus	Magnian - Solvey De	ADDRESS W WJJ40	HITUIN	SEP 11	0.4			

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with removal certificate has by use as the bur prior to burial, r use DIRECTOR: After this of should be detached for he 3 FUNE filed v O in a VR A15 (4)

15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where daceasad livad, If institution: Residence before admission) a. COUNTY Prince George's Prince George's MARYLAND Maryland b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town? College Park Cheverly d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) STREET ADDRESS 1013 Calvert Rd. Prince George's General Hospital DATE Month Day DECEASED OF (Type or print) DEATH September Slunt. Baby Boy 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 9. AGE (In years | IF UNDER 1 YEAR | S. SEX B. DATE OF BIRTH last birthday) Months WIDOWED Male White USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foraign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if ratired) U.S.A. Prince Georges, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Cheryl Lee Weaver Bryan M. Slunt 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Addrass (Yas, no, or unkown) | (Ifyas give war or dates of sarvice) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH alous, marked, congarital PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gava risa to immediate causa DUE TO (a), stating the undarlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION 20a. ACCIDENT WAS UNDERLYING TI 20b. DESCRIBE HOW INJURY OCCURED, (Enter natura of injury in Part I or Part II of itam 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20s. PLACE OF INJURY (Homa, farm, ' 20f. (City or town) (County) Month, Day, Year factory, street, office bldg., etc.) Not While Whila Hour a.m. at work at work 1.2....., 19.6/, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from.... .19.6/., and that death occurred au 50M, from the causes and on the date stated above. saw the deceased alive on..... 22a. SIGNATUR ATTENDING STAFF PHYS. DIRECTOR PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAMEA(Typa) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)

e. IS RESIDENCE ON A FARM?

YES NO K

Yaar

1967

IF UNDER 24 HRS.

PERFORMED? NO T

(Stata)

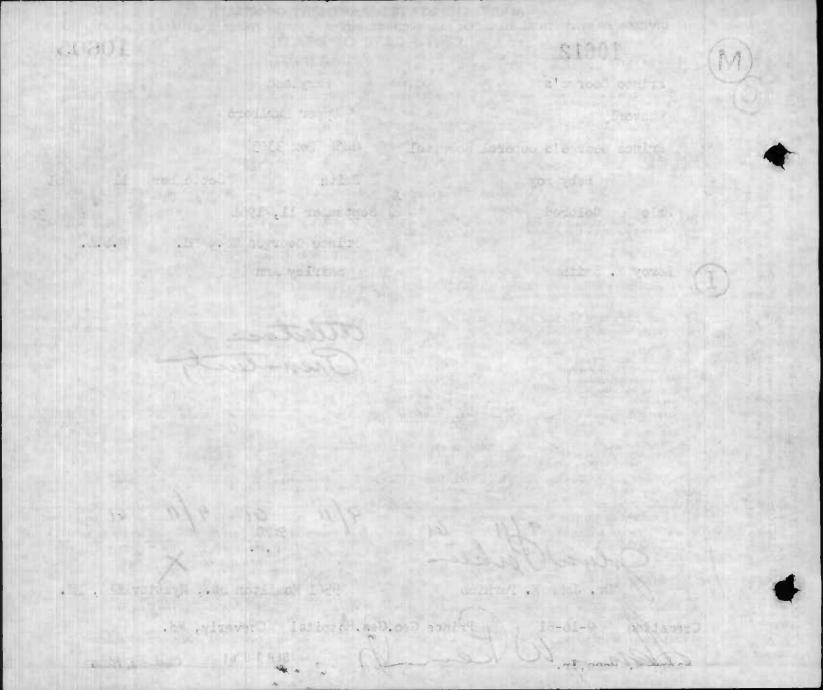
22b. DATE

SIGNED

(Stata) 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Spacify) Prince Geo.Gen.Hospital Cheverly, Md. 9-18-61 Cremation 24 FUNERAL DAUCTOR'S SIGNATURE 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS DATE SEP 21 '61 arthur S. Thousa

\$19.71G a la luged eduction And a review light of the Louise Street Street and all the section -18/01/8 rarmy . Fenn, Ir., allin'straite ...

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH should PLACE OF DEATH 2. USUAL RESIDENCE (Whare deceased lived, If institution: Rasidanca before admission) a. COUNTY b. COUNTY Prince George's MARYLAND Maryland Irince Groves b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neerast town Upper Marlboro Cheverly filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? RFD Box 3303 YES NO Prince George's General Hospital NAME OF Last 4. DATE Month pape DECEASED compi (Typa or print) DEATH September 1967 Smith within Baby Boy carbon 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. DATE OF BIRTH and last birthday) Months Min. WIDOWED DIVORCED Male Colored September physician ever 10a. USUAL OCCUPATION (Give kind of work гетоме 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (County & State, or foreign country) done during most of working lifa, even if ratirad U.S.A. Prince Georges Co., Md. 13. FATHER'S NAME attending pl Then please 14. MOTHER'S MAIDEN NAME C Leroy M. Smith Shirley Ann and WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17, INFORMANT Address Yas, no, or unkown) | (Ifyes give war or datas of service) r attending physician.
has been signed by the
e burial-transit permit. I 18. CAUSE OF DEATH [Enter only one cause per lina for (a), (b), and (c).] INTERVAL BETWEEN Trentent ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immadiata cause DUE TO (a), stating the underlying hospital or and secretificate has cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1.19. WAS AUTOPSY CERTIFICATION PERFORMED? r use NO [2Db. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING [] this co OR CONTRIBUTING CAUSE OF DEATH 4 may be retained by the DIRECTOR: After this of 3 should be detached for the State Dept. of Health p (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20a, PLACE OF INJURY (Homa, farm, ! 2Df. (City or town) (County) (State) factory, streat, offica bldg., etc.) While Not While Hour a.m. at work at work 10 p.m 21. I certify that (I) (this hospital)/attended the deceased from.... ... and that death occurred at 9:20, from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE 22b. DATE ATTENDING STAFF SIGNED DIRECTOR PHYS. PHYS. M.D. UNERAL 22c. PHYSICHAN'S 22d. ADDRESS 5301 Hamilton St., Hyattsville, Md. Dr. John W. Perkins ector, 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, | 23b. DATE THEREO NAME OF CEMETERY OR CREMATORY (Stata) REMOVAL るのきる rince Geo. Wen. Hospital Cheverly, Md. 9-16-6. 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60 DATE SEP 1 9 '67 Cirlling & House



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be need by the hospital or attending physicion.

TO-FUNERA, JIRECTOR: After this certificate has been signed by the ottending physician and completely filled by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremotian, or removal, and in any event within 72 hours after death. VS A15 (4) 15M 9/SS

MARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18	3
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10C12 CERTIFICA	ATE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH g. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution residence below ion)
trace George MARYLAND	Mid. TIMED PERGE
b. CITY OR TOWN (If outside corporate limits, write RUBL and give nearest hours)	c. CITY OR JOWN (If outside corporate limits, write RURAL and give nearest fown)
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	5360-0400 Hill Rd 1 STREET ADDRESS ON A FARM? YES NO DE
3. NAME OF DECEASED (Type or print) Blanche Mary	He South 4. DATE OF DEATH Sept. 23 1961
S. SEX 6. COLOR OF RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED D	8. DATE OF BIRTH 6-23-1893 9. AGE (In yeors IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Belevue Area, D.C. 12. CITIZEN OF WHAT COUNTRY?
George Williams	Harriet Williams
15. WAS DECEASED EVER IN U. S. ARMED FORCES? [Ves. no. or unknown] [If yes, give wer or dates of service] 577 460 503	The ma Tunner Bringhas Rd.
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	io genic arcinomit about 6mg
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Conditions, if any, which gove rise to immediate (b)	(ullg)
couse (o), stating the <u>under-</u> lying couse lost. DUE TO	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 20d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED? YES NO
	D. (Enter nature of injury in Part 1 or Part II af item 18.)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED to the p. m. 19 at wark of work 20 to wor	ACE OF INJURY (Home, farm, clory, street, office bldg., etc.) 20f. (City or town) (County) (State)
21. I certify that I attended the deceased from JULL	1 , 1961, to 5607 23, 1961, that I last saw the deceased
alive on Jehr Al , 19 and that death	occurred at 11:057M, from the causes and on the date stated above.
ACTUAL SIGNATURE KEMMETH G. Brown	M.D. 3560 - 13 th St or Jown, story W. Wash St.
PHYSICIAN'S Kenneth G. BRO	wn-3560-13th of N.W. 9-24-61
220. BUPHAL, CREMATION 22b. DATE THEREOF 22c. NAME OF CEMETERY OF ST. Paul Nest	edist Church Cen. Prom Hill, Wed.
23. FUNERADDIRECTOR'S SIGNATURE ADDRESS SOON	HUOS HAO. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE DATE TO 181 CHANGE S. KLAME

MALE LAND STATE DEPARTMENT OF MALE HAVE CHALLED 国际通过也上述的 Bd The Artist of The Property of the State of t

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) director. Page or your files. oard of Health, . COUNTY e. STATE b. COUNTY Prince Georges County MARYLAND Prince Georges b. CITY OR TOWN (if outside corporeta limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) write RURAL and giva nearest town) 17 Days Cheverly Mount Rainier d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Prince Georges General Hospital 3213 Perry Street YES NO X 3. NAME OF Middle 4. DATE DECEASED OF (Type or print) MADELINE DEATH SOPER September 11.19 age 5 may be 1 and 2 with 72 hours afte 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR B. DATE OF BIRTH IF UNDER 24 HRS. 50 yrs. Months Female Hours White Dec. 15, WIDOWED [DIVORCED [10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) pages 1 U.S.A. PM3. 13. PATHER'S NAME 14. MOTHER'S MAIDEN NAME File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address Cuff (Yes, no, or unkown) | (If yes give wer or detes of service) 18. CAUSE OF DEATH |Enter only one cause per line for (e), (b), end (c). INTERVAL BETWEEN ONSET AND DEATH SPIRATORY CARDIAC IMMEDIATE CAUSE (a) r's Office s a burial-removal, DUE TO 16) IDIOSYNCRATICKEACTION TO HYOPAGUE Conditions, if any, which "pending" gave rise to immediate causa Medical Examiner's should be used as rial, cremation, or re DUE TO (a), stating the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) | 19, WAS AUTOPSY CERTIFICATION EREORMED? the word 1741TARY TUMOR NO To HTHERUSCLEROSIN 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury In Part I or Pert, II of item 1).) the Cr. Page 3 s. burial, c PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. injection of drug for INTRAUBNOUS 146106FAN 20d. INJURY OCCURY D | 20a. PLACE OF INJURY (Hama, ferm, | 20f. (City or town) Month, Dey, Yeer 20c. TIME OF INJURY factory, street, office bldg., atc.) Not While exacute the control of the state of the stat at work et work 21. I certify that I took charge of the remains described arove, held an Autopsy X Inspection X. Inquiry X and in my opinion death resulted from: Natural causes Accident X. Suicide Homicide | Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL should be for FUNERAL 1 ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE M DEPUTY MEDICAL EXAMINER September 11, 1961 NAME (Type) AMES BOYD, M. Address (Street, city, town, or county) esse DE 22a. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) 940 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME 5M 9/60 DATE

The state of the s THE STREET STREET STREET STREET STREET Frince Georgeo County Line PELLIOS TEORGES Teldies James State 91 France Capros Capros Hostope Ferrage Seguras contra . 19 1 1 Santenber 01, 61. Dec. 15, 1010 for Found of the Van of Level Harris Harris THE PARTY OF THE P TOWNS HERE THE RESERVE THE PROPERTY OF THE PROPERTY OF X X Bap To age of the Ball ZORS I. BOYE, H. D.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10615

CERTIFICATE OF DEATH

Reg. Dist. No.

II la							
	1. PLACE OF DEATH o. COUNTY Prince County	MARYLAND	2. USUAL RESIDENCE (Who		COUNTY	10	608
1	b. CITY OR TOWN (If outside corporate limits, write c. L	LENGTH OF STAY IN 16	c. CITY OR TOWN (If or	utside corporate lim	TINCE GE		est tawn)
И	RURAL and give nearest lown)		Laurel	0	1		
1	d. NAME OF HOSPITAL (If not in hospital, give street oddre OR INSTITUTION	ess)	d. STREET ADDRESS		1		. IS RESIDENCE
N.							ON A FARM?
		inc	507 Gorman A				YES NON
۱	3. NAME OF DECEASED (Type or print) Kathryn	Middle	last	4. DATE OF DEATH	Month	Doy	Year 19 61
ŀ	5. SEX 6. COLOR OR RACE 7. MARRIED		Stanton B. DATE OF BIRTH		Septemb		IF UNDER 24 HRS.
١					birthday) Monti		Hours Min.
ŀ	Female White WIDOWED		July 19, 1912	7	545 yrs.		
ı	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND during most of working life, even if retired)	OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote of	or foreign country)	12.	CITIZEN OF	WHAT COUNTRY?
	Housewife	Hame	Maryland				USA
ľ	13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	1	1 11	
ı	Darsey Keys		Umura	Mac	13000	1.1.1	
İ	15. WAS DECEASED EVER JU U. S. ARMED FORCES? 16. SOCI	IAL SECURITY NO. 17. I	NFORMANT	7.100	Address		2
	(Yes, no. or unknown) (If fes, give war or dates offservice)) H	ospital Record	ls			
	18. CAUSE OF DEATH [Enter only one couse per ting for	r (o), (b), gard (c).]		. 1	2/		VAL BETWEEN
ı	PART I. DEATH WAS CAUSED BY:	1687	Calina	0,119	Mount	DA TONSE	T AND DEATH
1	330 X DUE TO	000	A CONTRACT	0	yma	14	1-4-1
ı	Conditions if any which	921 P 11	17.01	1100	6 4 4 4		16
ı	gove rise to immediate	1-00	mass	aska	ren	11	10
ı	cause (a), staling the under-						
ı	lying couse lost. (c)						
L	PART II. OTHER SIGNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONE	ITION GIVEN IN I	PART 1(0) 19	PERFORMED?
ŀ							YES NO
		HOW INJURY OCCURRE	D. (Enter noture of injury in P	ort I or Port II of it	em 18.)		
I	z	Y OCCURRED 20e. PL	ACE OF INJURY (Home, form,	20f (City or tow	-1	(County)	(Stote)
1	Haur o. m. While _	Not while for	ctory, street, office bldg., etc.)		',	(County)	(2,0,6)
I	p. m. Iy ol work	of work		1/,			
ł	21. I certify that I attended the deceased f	ram ///	19.50 ta 9		, 19,that	I last say	w the deceased
ı	alive on 41/7, 19/1	, and that death	accurred at 10:15	AM, fram the	causes and a	the date	e stated above.
ł		1		DDRESS (Street, cit			DATE SIGNED
I	ACTUAL SIGNATURE	1/hrhox	16 307 Prince	Gaara	tacat T		37.3
ı	STORAL OR	Co Co	M.DZYLL-LLLUG	George S	interior.	aurel,	- MQ
	PHYSICIAN'S John M. Warren, M.D.	. 307 Prince	George Stree	t, Laurel	, Maryla	nd	9/18/61
1	220. BURIAL, CREMATION, 226. DATE THEREOF 220	. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (C	ity, town, or count	ly)	(Stote)
1	Bureal (Specify) 9/20/6/	frey 1.1.01	Cemitan	Lan	4/ /	41.	
1	23. FUMERAL DIRECTOR'S SIGNATURE	ADDRESS .	240 REC'D	BY REGISTRAR	24b. REGISTRAR'S	SIGNATURE	
	Newstell Dan - Ola	Kanal	Med. DATE SE	P 2 6 '61	arihur	S. Krau	4
E	to the formal action,	Janey	The same				

by the funeral director. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be the hashiral or attending physician.

O FUNERIAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 the registrar prior to burial, crematian, ar remaval, and in any event within 72 haurs after death. TO HOSPITAL O

TO DEPLOY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any ty is necessary, please exacute the certificate, writing the word "bending" in pencil in Item 18. Give Pages 1, 2, and 3 to the furnal director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated egent, prior to burial, cremation, or removal, and in any event within 2 hurs after death.

VS. A15ME

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

10616 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If institution; to decision)
e. COUNTY	e, STATE / b, COUNTY
Prince George's MARYLAND	Mont Comery
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)
write RURAL end give nearest town) Clinton Transient	Silver Spring
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)	d. STREET ADDRESS
D A 272. Tt - 3.3 to A 2 D149	D + 7
	KT 2 YES NO I
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Yeer OF
(Type or print) Wallace Franklin	Stephens DEATH September 19,19 61
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 28.	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
Male White WIDOWED DIVORCED	NoV 3, 1942 Ist birthday) Months Deys Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR'	
done during most of working life, even if retired)	
Laborer Contractor	Md, U.S. 17.
13. FATHER'S NAME	14. MOTHER'S MAÎDEN NAME
CHArles C Stephens	ETTA Bridgs
	NFORMANT Address
(Yes, no, or unkown) (Ifyes give war or dates of service)	HARIES C. Stephens - SAME
18. CAUSE OF DEATH Enter only one cause per line for (e), (b), end (c).]	I INTERVAL BETWEEN
DADT I DEATH WAS CALISED BY	ONSET AND DEATH
IMMEDIATE CAUSE (e) Hemorrhage	and shock
DUETO	
Conditions, if eny, which \ (b) Crushed sku	11
gave rise to immediate cause (b) Crusned SKU	sale ale
(e), steting the underlying DUE TO	
cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
	PERFORMED? YES NO S
TO EVENTAL CALICE WAS 201 DESCRIBE HOW INHIBY OCCURED (5	inter nature of injury in Pert I or Pert II of item 18.)
PRIMARY OF CONTRIBUTING	
II WOL TOUCH WI	th gravel turned over on him
3 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2De. PLA	
Hour e.m. While Not While	rel pit Clinton P.G. Md
21. I certify that I took charge of the remains described above, he	
death resulted from: Natural causes , Accident Suici	ide . Homicide . Undetermined manner
1	CHIEF MEDICAL EXAMINER
ACTUAL	ASSISTANT MEDICAL EXAMINER TO DATE SIGNED
SIGNATURE VICENCY	CALD.
EXAMINER'S	DEPUTY MEDICAL EXAMINER (\$\frac{1}{2}\) 9/19/61
NAME (Type) James I. Boyd	Address (Street, city, town, or county)
228. BURIAL, CREMATION, 226. DATE THEREOF 22 NAME OF CEMETERY OR	CREMATORY 22d. LOCATION (City, town, or gunity) (Stote)
DURIAL DEPT 22, 961 THOMAS Bastish	Thursch Cemetion King Storge Co. VA.
43 JUNERAL DIRECTOR ADDRESS ULL	240. NC'D BY REGISTRAR 24b. AGISTRAR' SIGNATURE
Strong Stalles - 10	SEP 25'61 arthur & Kraus
1 X 346 avrille 1 NU	DATE

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19/21/07 200

FOR STATE HEALTH DEPT TO DE 2.7Y MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If all play is necessary, please execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the certained for your files. 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the Stafe Board of Health, or igs designated agent, prior to burial, cremation, or removal, and in any event withte-72 hours after death.

VS. A15ME 5M 9/60 MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
10617 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

TOOT! WEDICAL EXAMINER 3	CEMINICALE OF DEATH	10010
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where daceased lived, If Institution	testdened thole admission)
Prince George's MARYLAND	Maryland Pri	noe deemanle
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL a	nce George 1
37 a 41. Day	North Brentwood	
d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give slicet address)	d. STREET ADDRESS	a. IS RESIDENCE
4508 - 41st. Avenue	/ 4508 - 41st. Avenue	YES NO
3. NAME OF First Middle	4508 - 41st. Avenue	Day Yaar
(Type or print) Georgianna	OF DESTH	
	Stockett September B. DATE OF RIRTH 19. AGE fin years IF UNDER	27, 1961 1 YEAR IF UNDER 24 HRS.
	18.1883 My irthdey) Months	
Female Colored WIDOWED DIVORCED	PY 11. BIRTHPLACE (State or foreign country) 12. Cl	TITTLE OF WHILE COUNTY
dona duri Rousewille avan if retired) Own Home	Virginia Virginia	TIZEN OF WHAT COUNTRY?
		U.S.A
13. FATHER'S NAME Unknown	14. MOTHER'S MAIDEN NAME	
	Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yas, no, opiniown) (Ifyasgivewarordalesofservice)		
No Lo	rretta Stockett, same as i	# 2
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: Exhaustion		ONSET AND DEATH
1518 DUE TO		
Conditions, if any, which (b) Carcinoma of	the stomach	
gava rise to immediata causa		
(a), stating the undarlying DUE TO		
(0)	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN BALL	OT 1/all 10 WAS AUTORSY
5 Walter of the state of the	THE PERMITTER CONTINUE OF THE PERMITTER	PERFORMED?
200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Colorador (International Parks) Burney (International Parks)	YES NO
PRIMARY Or CONTRIBUTING	Entar nature of Injury In Part I or Part II of itam 18.)	
	ACE OF INJURY (Homa, farm, 20f. (City or town) (Cotory, street, office bldg., atc.)	unty) (Stata)
p.m. 19 at work at work		
21. I certify that I took charge of the remains described above, he	eld an Autopsy , Inspection X, Inquiry X,	and in my opinion
death resulted from: Natural causes A. Accident , Suic	ide , Homicide , Undetermined manner	
	CHIEF MEDICAL EXAMINER	
ACTUAL COLOR	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
SIGNATURE SCORE	M.D.	
EXAMINER JAMES I. BOYD, M.D.	Addrass (Straat, city, town, or county)	ept. 27, 196
2a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF		y) (Stata)
BURDAL 9.30.61 SHARP STREE		
23. FUNERAL DIRECTOR	T MUTUAL SANDY SPRING,	
Del +650000 1020 9TH ST.,	N.W. SED 2 0 '61	S. Kraus
Copen L. M. Sulle Washington, D.	C. DATE SELF 2 9 01	S. Thalle

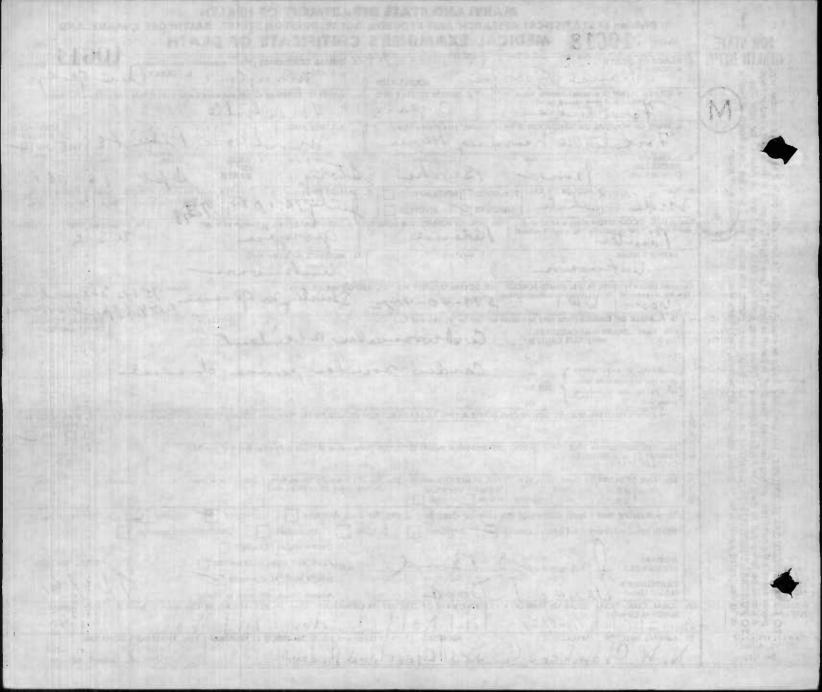
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ND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND HEALTH DEPT USUAL RESIDENCE (Where decessed lived, If Institution 1. PLACE OF DEATH e. COUNTY b. COUNTY / MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give naeresh town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) for d. STREET ADDRESS e. IS RESIDENCE ā ON A FARM? retained YES NO TE 3. NAME OF Middla 4. DATE Day Month Year DECEASED OF the (Type or print) DEATH 196/ with 5. SEX COLOR OR RACE AGE (In years | IF UNDER 1 YEAR 8. DATE OF BIR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED 2 wit last birthday) Months Hours and 5 m DIVORCED Ina. USUAL OCCUPATION (Give kind of work KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done dyfing most of working life, even if rettred) amter pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME entreour File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgivewer or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c). INTERVAL BETWEEN buo ONSET AND DEATH PART I. DEATH WAS CAUSED BY: burial-trans IMMEDIATE CAUSE (e) Office al DUE TO Conditions, if env, which (b) geve rise to immediate cause O DUE TO Examiner's 92 (e), steting the underlying ò pesn cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION PERFORMED? 2 the word NO Tal plnous 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury In Pert I or Part II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. writing to Chief A 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm,) 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) (State) factory, street, office bldg., etc.) 0 While Not While Hour e.m. et work et work prior p.m. cute the certificate, 20 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 14 Inquiry and in my opinion forwarded to INECTC death resulted from: Natural causes Suicide Homicide Undetermined manner Accident CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL 1 SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S 6 NAME (Type) Address (Street, city, town, or county) DEP 22a, BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stele) REMOVAL (Specify) 240 8 uria 23. FUNERAL DIRECTOR ADDRESS 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. AISME Cirthur S. Kraus 5M 9/60 80 eve

Min.

director. Percountilles.



VS A15 (4) 15M 10/57

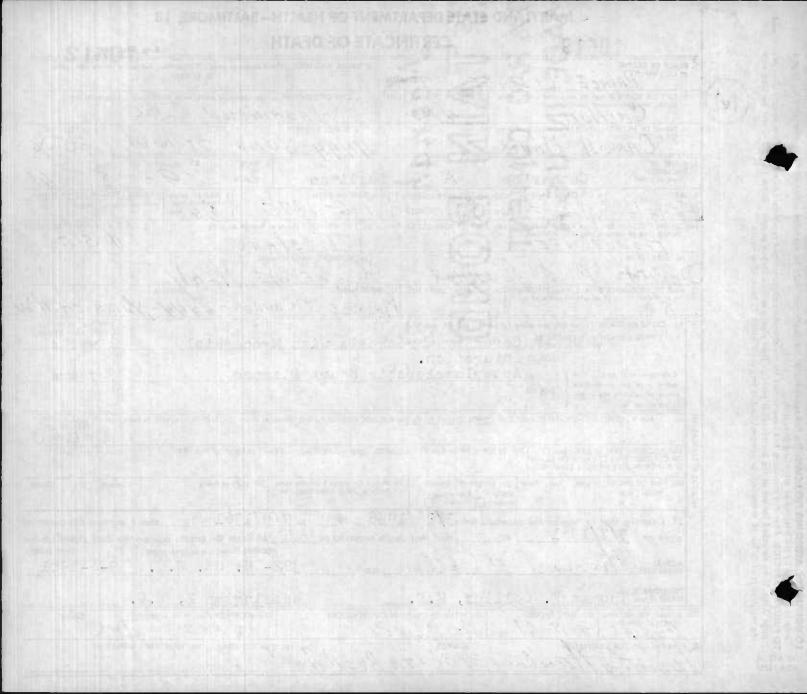
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 10619

R	eg.	Dis	FN	6?	1 6	
			C)	9		_
institution.	Por:	danc	- h-	Form	admi	erion l

1. PLACE OF DEATH O. COUNTY PRINCE (TERRIFE MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION ARROL MANOR.	d. STREET ADDRESS 4444-SUMA ST. N.W. C. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First Middle OFCEASED (Type or print) Catherine A S	Sullivan 4. DATE OF DEATH Amonth OF DEATH OF DEATH
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Life AND. 12. CITIZEN OF WHAT COUNTRY?
DANIEL P. O' CONNOR.	14. MOTHER'S MAIDEN NAME (ATHERINE HEALY
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or yethnown) (If yes, give wor or dates of service)	AURICE O'CONNOR - 4444- YUMA ST-N.W
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) COPONARY Thromb	osis with Myocardial 2 weeks
Canditians, if any, which gave rise to immediate cause (a), stating the under-lying cause last. DUE TO Infarction. (b) Arterioscleroti DUE TO	c Heart Disease 3 years
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? YES NO
20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRE OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I ar Part II of item 18.)
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED For the p. m. 19 While at wark of the day of the p. m.	ACE OF INJURY (Home, farm, 20f. (City ar tawn) (County) (State) ctary, street, office bldg., etc.)
21. I certify that I attended the deceased from 3/26/195 alive on 9/7/1961 , 19 , and that death ACTUAL SIGNATURE Thomas F. Collins M.D.	to 9/8/1961, 19, that I last saw the deceased a occurred at 1/35 M, from the causes and on the date stated above. ADDRESS (Street, city or lawn, state) M.D. 322- H. St. N.E. 9-8-1961 Washington 2, D.C.
220. BURIAL, CREMATION, 226. DATE THEREOF REMOVAL (Specify) 9-11-61 MT. DLIVE	
12. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS ADDRESS	AVEN NOATESEP 1 4 '61 246. REGISTRAR'S SIGNATURE



FOR STATE HEALTH DEPT.

neral director. Page elay is necessary, ined for your TO DELOCY MEDICAL EXAMINER. This certificate should be executed within 24 hours after death. Its please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the character of a should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Boar or its designated agent, prior to burial, gremation, or removal, and in any event within 72 hears after death. VS. A15ME

5M 7/59

620 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH

_			TOOTO
2	. USUAL RESIDENCE (WH	ere decaasad livad, If institution	on: Residanca before admission)
	a. STATE	b. COUNTY	
	Maryland	Prince	George's
1	- CITY OF TOWAL HE		

10613

a. COUNTY			a, STATE		b. COUN	ITY		
Prince G	leorge's	MARYLAND	Maryl	and		nce Geo	rge's	
b. CITY OR TOWN	(if outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TO	OWN (If outside co	orporata limits, write	RURAL and g	ive nearast to	wn)
Cheverly			Blade	nsburg		4-0		
	PITAL OR INSTITUTION (if not in h	ospital, giva streat addrass)	d. STREET AD					RESIDENCE
) Prince C	loomanda Comenna		1.707	Elat Arran				A FARM?
3. NAME OF	eorge's General	Middla	Last	51st Aver			Day Yes	
DECEASED (Type or print)				OF DEAT				
	Charles		Szenas	DEA	Septem			61
5. SEX	6. COLOR OR RACE 7. MARE	RIED X NEVER MARRIED 8	. DATE OF BIRTH		9. AGE (În years last birthday)	Months Day		R 24 HRS.
Male	White WIDOV	VED DIVORCED .	July 24.	1908	53 yrs.	Monnis Day	S Hours	Willi.
	TION (Giva kind of work orking life, aven if retirad)	KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE	(Stata or foreign	country)	12. CITIZE	OF WHAT	COUNTRY?
		eoples Drug Stor	coc Hun	gary		U.S.	A.	
Fountain M	anager	sobres prof prof	14. MOTHER'S M					
Charles	Szenas		Unknow	n				
		6. SOCIAL SECURITY NO. 17. II	NEORMANT		Addrass			
	(If yas giva war or datas of servica)	o. SOCIAL SECORITI NO. 17. 1						
Yes	1926 1926		Charlott	e Szenas	, same as	#2		
	DEATH Enter only one cause pa	r lina for (a), (b), and (c).]					ONSET AND	
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Subdural Hemato	oma	E 1 13 % 73				
903.5	DUE TO							
Conditions, if an	y, which) (b)	Fracture of the	skull					
gave rise to immed	diata cause							
(a), stating tha	underlying							
	ER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT NO	T RELATED TO THE	TERMINAL DISEAS	SE CONDITION GIV	EN IN PART 1(a	11 19 WAS	ALITOPSY
P PARIL OIL	EK SIGNIFICANT CONSTITUTIONS		7	180000000000000000000000000000000000000	se donamon di	er a real rice	PERF	ORMED?
<u>S</u>							YESXX	но П
PART II. OTHI	CAUSE WAS 2Db. DESC	CRIBE HOW INJURY OCCURED. (E	inter natura of Injury	/ In Part I or Part II	of itam 18.)			
		ell in the street	et					
WEDICAL TIME OF INJ	URY Month, Day, Yaar 2Do	I. INJURY OCCURRED 200. PLA			City or town)	(County		(Stata)
Hour a.m.	0 lan / / mat w		treet		adehsburg	P.G.		Md
	that I took charge of the re						nd in my	
		- · · · · · · · · · · · · · · · · · · ·			Indetermined m	property.		pillion
death resulted	from: Natural causes	, Accident , Suici				anner V		
	Α ,	0 2	7	DICAL EXAMINER			-001	
ACTUAL SIGNATURE	arrest	D. 1 Wella	M.D. ASSISTAN	IT MEDICAL EXAM	IINER		DATE SI	SNED
EXAMINER'S		d		EDICAL EXAMINE				
NAME (Typa)	Tames I. Boyd, M	.D.	Addrass (Streat, city, town,	or county) 8200	Marlbo	ro Pik	e. Md
22a. SURIAL, CREMATI	ION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OR	ALRED CAL SEA	22d. LOC	ATION (City, town	, or country)	(Sta	ita)
Burial (Spacif	" Oct 4, 1961	Arlington Na	tional	Arlin	gton Va			
23. FUNERAL DIRECT		ADDRESS	24	a. REC'D BY REGI	STRAR 24b. REG			
r. Gas	ch's Sons Hya	ttsville Md.	0.4	IDCT 4 '6	1 ch	hun S. The	MA	
			107	T lasts!				

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

Frail to the mental and the same of the same of the same STEBOI Laterial agenties 17.1 Party Sold . 12 winds vieta in interest in the contract of the contr All comments of the state of th AND A MEET GROUE THE SASSA ulfiel To wet i, 1901 and instant Callenia 1 and To lately The same at a some state of the same at a same of the
y the funeral director, R ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 and 2 shauld be filed may be regarded by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 the State Board of Health priar to burial, crematian, or removal, and in any event, within 72 haurs after death. TO HOSP!

VR A15 (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

10044

CERTIFICATE OF DEATH

10621

1. PLACE OF DEATH a. COUNTY	Oh O O'C MARYL	a STATE.	PENCE (Where deceased live	b. COUNTY	
b. CITY OR TOWN (If autside carporate li RURAL and give nearest tawn)	imits, wite c. LENGTH OF STAY I	N 1b c. CITY OR 1	OWN (If autside carporate I	limits, write RURAL and	
HYALLSUILLE	-in-street address	X /3	own	ma	IC DECIDENCE
d. NAME OF HOSPITAL (If not in hospital, OR INSTITUTION	NANOR	PO K	of 194		e. IS RESIDENCE ON A FARM? YES NEW
3. NAME OF DECEASED (Type or print) Henry	First	ed Thon	4. DATE OF DEATH	Sept Manth	Day Year 9 19 61
5. SEX 6. COLOR OR FAC	7. MARRIED NEVER MARRIED WIDOWED DIVORCED		9. A	st birthday) Months	Day's Haurs Min.
10a. USUAL OCCUPATION (Give kind af war during most of warking life, even if retined car inspect	rk dane 10b. KIND OF BUSINESS OF	R INDUSTRY 11 STRTHPL	ACE (State or foreign country ashington D	7 yrs. 4 12. CIT	IZEN OF WHAT COUNTRY?
13. FATHER'S NAME	Paraday Paraday	14. MOTHER'S	MAIDEN NAME		
Edward E Th	onnberry	An	anda -		
15. WAS DECEASED EVER IN U. S. ARMED FO		17. INFORMANT		Address	NS 3 5 5 5
no	A MINICO)	Nellie C	hornberry	Bowie, Md.	
1B. CAUSE OF DEATH [Enter only one PART I. DEATH WAS CAUSED BY		0 1/2	1		INTERVAL BETWEEN
IMMEDIATE CAUSE	(0) Conterat	Herry	ruage		2 mo.
33 X DUE	10 a for -1) 1/1	1000		5-1-
Canditians, if any, which gave rise to immediate	(b) afternal	14 Mes	Conco	· Mary	O sho,
cause (a), stating the under-	10	//			
	ONDITIONS CONTRIBUTING TO DEA	TH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PAR	RT 1(a) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CO		0.687			PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER	206. DESCRIBE HOW INJURY OF	CCURRED. (Enter nature a	finjury in Part I ar Part II a	f item 18.)	
20c. TIME OF INJURY Manth, Day, Haur a. m. 15	While Not while	20e. PLACE OF INJURY (I factory, street, affice		awn) (Caunty) (State)
21. I certify that (I) (this haspit	tal) attended the deceased	fram 8/30	196/ ta	7/9 196	that (I) (we) last
saw the deceased alive an	9/8 196/, and	that death accurred	at 5:20, fram the	causes and an th	e date stated abave.
22a. SIGNATURE	M: Cam	M.D. ATTENDING	MED. S	TAFF HYS.	22b. DATE SIGNED
22c. PHYSICIAN'S HARE (Type) HARO	O FMSCA	NIV 33	55-16 to	le St. W.W.	Wash 10, D.
23a. BURIAL, CREMATION, 23b. DATE THER	EOF 23c. NAME OF CEME	TERY OR CREMATORY	23d. LOCATION	(City, tawn, ar caunty)	(State)
Burial Sept 12	, 1961 Church	of Ascensio	n Cemetery	Bowie,	Md.
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		2Sa. REC'D BY REGISTRAR	2Sb. REGISTRAR'S SI	GNATURE
F. Gasch's Sons	Hyattsville, M	ld.	DATE SEP 1 4 '61	the state of the state of	8. Kraus

A Company of the communication English Market Standard AM . actival yaredwin I o attack the property of the property o S. outside dans description of the same . S

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 10622 CERTIFICATE OF DEATH 10615

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where d		sidence before admission
Prince Georges	MARYLAND	a. STATE District of	Columbia	V
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside con	porate limits, write RURAL and	give nearest town)
(Rural) Glenn Dale	1 year, 28 da	. Washington	4	フスーン
d. NAME OF HOSPITAL OR INSTITUTION (IF	nof in hospital, give sfreet address)	d. STREET ADDRESS		a. IS RESIDENCE ON A FARM?
Glenn Dale Hospital		1225 L Street,	N. W.	YES NO X
3. NAME OF First DECEASED	Middle	Last 4. DATE	Month	Day Year
(Type or print) Ida		ornton DEATH	nehee Ti	
5. SEX 6. COLOR OR RACE 7.	. MARRIED NEVER MARRIED 8.	DATE OF BIRTH	P. AGE (In years IF UNDER 1 Y last birthday) Months D.	YEAR IF UNDER 24 HRS. Bys Hours Min.
Female white	WIDOWED DIVORCED AL	gust 16, 1871	90 yrs.	B/3 110013 //(III)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	106. KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (County & State, or	foreign country) 12. CITIZ	EN OF WHAT COUNTRY?
Housewife	-	Jefferson County	. Tenn. U	.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Harrison Rainwater		Elizabeth Lewi	S	
15. WAS DECEASED EVER IN U.S. ARMED FORCE (Yes, no, or unkown) (Ifyes give war or dates of serv		NFORMANT	Address	
No -		Person		
18. CAUSE OF DEATH Enter only one ca				INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	Dulmonome tubonoul	and a	Turned Allert	1 yr. 1 mo.
	Pulmonary tuberculo	DSLS,		T AT + 2T IIIO 4
DUE TO				
Conditions, if any, which (b)				
(a), stating the underlying DUE TO				
cause last. (c)				
PART II. OTHER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART 1	(a) 19. WAS AUTOPSY PERFORMED?
Generalized Arterios 8/61; open reduction	clerosis: Iracture right femur frac	ture, 8/61	and right lemu	YES NO X
PART II. OTHER SIGNIFICANT CONDITION Generalized Arterios 8/61; Open reduction 208. Accident Was underlying 12 OR CONTRIBUTING 20 CAUSE OF DEATH OF IETHER, NOTIFY MEDICAL EXAMINER)	Ob. DESCRIBE HOW INJURY OCCURED.	(Enter nature of injury in Part I or Part	II of item 18.)	
(IF EITHER, NOTIFY MEDICAL EXAMINER)				
3 20c. TIME OF INJURY Month, Day, Year	20d. INJURY OCCURRED 200. PLA		y or town) (Count	ty) (Stata)
20c. TIME OF INJURY Month, Day, Year Hour a.m.	While Not While factor	ory, street, office bldg., etc.)		
F.W		9/10/60 10	0/17/61 10	1. (1) () 1.
21. I certify that (I) (this hospital	7/67		9./. T. f./. Q.T 19	, that (I) (we) last
	7/61 19 and that	death occured at	n the causes and on th	
22a. SIGNATURE	D.	ATTENDING MED.	STAFF	22b. DATE SIGNED
LOOK VV	M.		PHYS.	9/17/61
NAME (Type) Moe Weise	s. M.D.	Glenn Dale Hosp	ital, Glenn Da	le, Md.
238. BURIAL, CREMATION, 23b. DATE THEREC			ATION (City, town or county)	
REMOVAL (Specify)	1/3 OILEGERITE	ITT TO CITE	CONTINUE LITTE	M
BURIAL SEPT 21	/61 CHESTNUT	HILLS CHE	STNUT HILLS,	TENNESSEI
24 EUNERAL DIRECTOR'S STONATURE	ADDRESS WAS	1/1/20 1/	STRAR 256. REGISTRAR'S S	
Hyping Tun. Hi	m /200/10	DATESEP 1 9 '6	Cultury 2. 1	Cherrie .
HYSONG'S FUNERA	IL HOME			

e attending physician and completed rilled in by the funeral Then please remove carbon papers. Pages 1 and 2 should lovel and in any event, within 72 hours after death. within 24 hours after OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed TO HOS AL OR ATTENDING PHYSICIAN: The law requires that the geam cerminate be executed as the set of any be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completed by a fine set of the set of

VR A15 (4) 15M 9/60

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County april a with the

FOR STATE HEALTH DEPT TO DERV. I'V MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any tay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the theretal director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 22 hours after death. VS. AISME

5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 10614 AND 10623 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF a. COUNTY	DEATH				If institution: Residence before edinission)
1	Prince Beorge	1 S MARYLAND	a. STATE	vland b. co	Prince George's
b, CITY OR 1	OWN (if outside corporete limits, RAL end give neerest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If oulside corporete limits, w	rite RURAL and give nearest town)
Chev		D.O.A.	15 Oxon	Hill	
d. NAME OF	HOSPITAL OR INSTITUTION (if n	ot in hospital, give street eddress)	d. STREET ADDRES	5	IS RESIDENCE ON A FARM?
Princ	e George's Ge	meral Hospital	/8271 L1	vingston Ros	Ad YES NO X
3. NAME OF DECEASE	First	Middle	Last	4. DATE Mo	nth Day Yeer
(Type or prin		Vande	rbeck	1	tember 27 19 61
5. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In yea	IF UNDER 1 YEAR IF UNDER 24 HRS.
Male		VIDOWED DIVORCED T	January :	17.1899 62 yrs.	110111111111111111111111111111111111111
	CCUPATION (Give kind of work	10b, KIND OF BUSINESS OR INDUS		21 2000 0.0	12. CITIZEN OF WHAT COUNTRY?
	ost of working life, even if retired)	177	Mass Tax		TT G A
Labor		Farm	New Jer		U.S.A.
Fred	Vanderbeck ASED EVER IN U.S. ARMED FORCE	S? 16. SOCIAL SECURITY NO. 17.	ALICE	Wright	
	own) (If yes give we ror detes of serv	ice)			Portland St. S.E.
No			orothy L.	Sprenkle Was	shington, D.C.
The second second	I. DEATH WAS CAUSED BY:				ONSET AND DEATH
TAKI	IMMEDIATE CAUSE (e)	Toxemia			
1 49	DUE TO				
Conditions,	if eny, which (b)_	Lobar Pneumo	nia		
	the underlying DUE TO				
cause lest.	(c)				
Z PART I		ONS CONTRIBUTING TO DEATH BUT I	OT RELATED TO THE TERM	VINAL DISEASE CONDITION	GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED?
ATIO					YES NO
		DESCRIBE HOW INJURY OCCURED.	(Enter nature of injury in F	Pert I or Pert II of item 18.)	
PRIMARY [or CONTRIBUTING DEATH.				
Z 20c. TIME	OF INJURY Month, Day, Yeer		ACE OF INJURY (Home, fe		(County) (State)
0	a.m.	While Not While fe	ctory, street, office bldg., e	itc.)	
	p.m. 19	the remains described above,	ald an Autonsy []	Inspection . Inq	uiry , and in my opinion
			icide , Homicid		
death re	sulted from: Natural caus	ses Accident . Su			mainlei []
		0 03 0	CHIEF MEDICA		DEED GLOVED
SIGNATI	TRE James	J. I Joyce	M.D.	EDICAL EXAMINER	DATE SIGNED
EXAMIN NAME (I				CAL EXAMINER	Sept. 27,1961
22e. BURIAL, C	- I omeg	oyd 22c. NAME OF CEMETERY		t, city, town, or county) 22d. LOGATION (City, to	wn, or country) (State)
REMOVAL		1 10 16	400	de the	and mod
23. EUNERAL	DIRECTOR	ADDRESS A	240. F	REC'D'BY REGISTRAR 24b. R	REGISTRAR'S SIGNATURE
23. WINCKAL	0 1	661- Stood Hope	e par se	SEP 2 9 '61	
Deren	enconno.	CASh 2-0 D	C DATE	ALI K 3 01	Cathung & Kraus

Traus - Transfer alsorded benefit dealyrad a'sgroot contri Cheverly _____ D. C. C. Cton Hill ____ Elines Gasers a Goneral Hospital 1988 Livingston Sond Mala White was I was Junuary 17, 1999 68 Loborer Permanent Tendent 1 4 4 Prigit Selia Nostrabnev beti ESS Barthand Bu. .d . norentanal e faranca . I vetorou . D. 70202 Loon Pusumonia 1981, TR , 1982 Jemes I. Soya

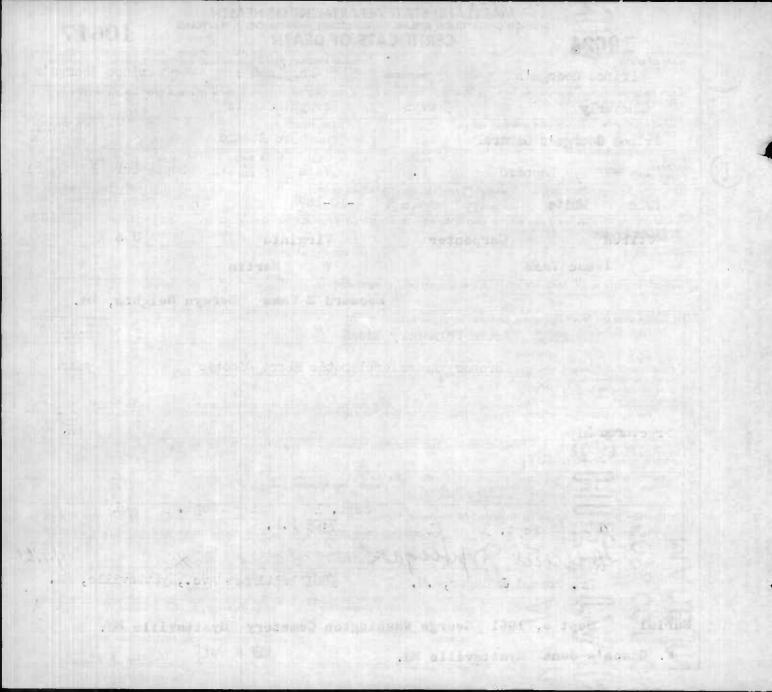
State State

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

10617

10	624	CERTIFICA	TE OF DEATH		10	917
D. COUNTY Prin	ace George's	MARYLAND	2. USUAL RESIDENCE (W	There deceased lived. If institute and b. COUNTY	ion: Residence to Prince	George's
b. CITY OR TOWN (IF RURAL ond, give ne- UNEVE	outside corporote limits, write orest tawn)	c. LENGTH OF STAY IN 16 3 days	c. CITY OR TOWN (IF	outside corporate limits, write leights	RURAL and give	nearest town)
OP INSTITUTION	AL (If not in hospital, give street George's Genera		d. STREET ADDRESS 8804 63rd	Avenue		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Leonard	Middle F	Vass	4. DATE No Sep	tember	Day Yeor 19 61
s. sex Male	6. COLOR OR RACE 7. MARI	77	8. DATE OF BIRTH 7-10-1894	9. AGE (In years lost pirthdoy) yrs	Months Da	EAR IF UNDER 24 HRS bys Hours Min.
during most of work	N (Give kind of work done 10b. ng life, even if retired)	KIND OF BUSINESS OR INDU	USTRY 11. BIRTHPLACE (Stone Virgini		U S	A OF WHAT COUNTRY
13. FATHER'S NAME	ssac Vass		14. MOTHER'S MAIDEN	NAME Martin		
	R IN U. S. ARMED FORCES? 16. If yes, give wor or dates of service)		reonard E Vas		eights,	Md.
	TH [Enter only one couse per li TH WAS CAUSED BY: IMMEDIATE CAUSE (o) ACL	ne for (o). (b). ond (c).] ite Pulmonary I	Edema			INTERVAL BETWEEN ONSET AND DEATH NOURS
Conditions, if or gave rise to in couse (o), stoting t lying couse lost.	nmediate (onary Arterios	sclerotic Hear	rt Disease		years
5 Fracture		CONTRIBUTING TO DEATH BU			VEN IN PART 1(PERFORMED? YES NO
(IF EITHER, NOTIFY	MEDICAL EXAMINER)					
Y 20c. TIME OF INJURY Hour o. m. p. m.	Y Month, Doy, Year 20d. I While	Not while fo	LACE OF INJURY (Home, for octory, street, office bldg., et	(c.)	(Cou	nty) (State
saw the decege	t (1) (this haspital) attended alive an <u>Sept</u> .		death accurred at	M, from the causes a		, that (I) (we) las late stated above
220. SIGNATURE	ounel ?	Mugan	M.D. PHYS.	MED. STAFF PHYS.		22b. DATE
22c. PHYSICÍAN'S NAME (Type)	Dr. Samuel 3	Sugar, M.D.	5801 Bal	timore Ave., Hy	attsvil	le, M.
23a. BURIAL, CREMATIO REMOVAL (Specify) Burial	Sept 6, 1961	23c. NAME OF CEMETERY C	or crematory ington Cemet	23d. LOCATION (City, town,		(Stote)
F. Gasch		tsville Md.		D BY REGISTRAR 25b, REG	Cithin &	ATURE



DEPARTMENT OF HEALTH CORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND **DIVISION OF STATISTICAL RESEARCH** CERTIFICATE OF DEATH funeral 1. PLACE OF DEA 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) a. COUNTY b. COUNTY the 42 MARYLAND c. CITY OR TOWN Ut outside corporete limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporeta limits. c. LENGTH OF STAY IN 1b Pages d. NAME OF HOSPIFAL OR INSTITUTION (if not in hospital, give street address) 3. NAME OF Middle DATE DECEASED OF RANCISCUS DEATH (Type or print) AGE (In yeers | IF UNDER 1 YEAR | 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lest birthdey) WIDOWED DIVORCED 1De. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & Steta, or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, aven if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ARMED FORCES? 17. INFORMANT (Yes, no, or unkown) | (If yes give we ror detes of service) 1B. CAUSE OF DEATH [Enter only one cause per line for (e), PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) DUE TO VENTA Conditions, if any, which' geve rise to immediate ceuse DUE TO (a), stating the underlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED prior 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OF DEATH 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 18.) 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, 2Df. (City or town) (County) 20c. TIME OF INJURY Month, Dey, Yeer factory, street, office bldg., etc.) Not While While et work . That (I) (we) last 22a. SIGNATURE ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. EMOVAL (Spacify)

. IS RESIDENCE ON A FARM? YES NO

Yaer

196

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN ONSET AND DEATH

WAS AUTOPSY

PERFORMED?

NO F

(State)

22b. DATE

(Stete)

250. RECTO BY REGISTRAR 256. REGISTRAR'S SIGNATURE

SIGNED

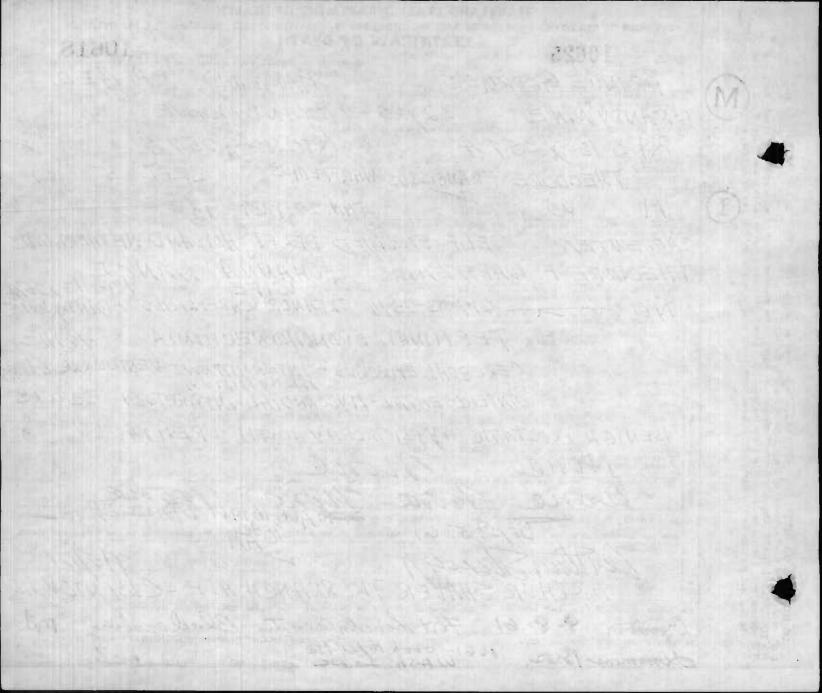
Day

paper comple carbon physician and гетоме guipu signed by burial-transit certificate hospital as use tached for the After this OF VR A15 (4) 15M 9/60

in by

ed

24 FUNERAL DIRECTOR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 10696 CERTIFICATE OF DEATH 10040

filled in by the funeral Pages 1 and 2 should

TO HOST ALL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed death. It as 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completed director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72.

VR A15 (4) 15M 9/60

hours after death

within 24 hours after

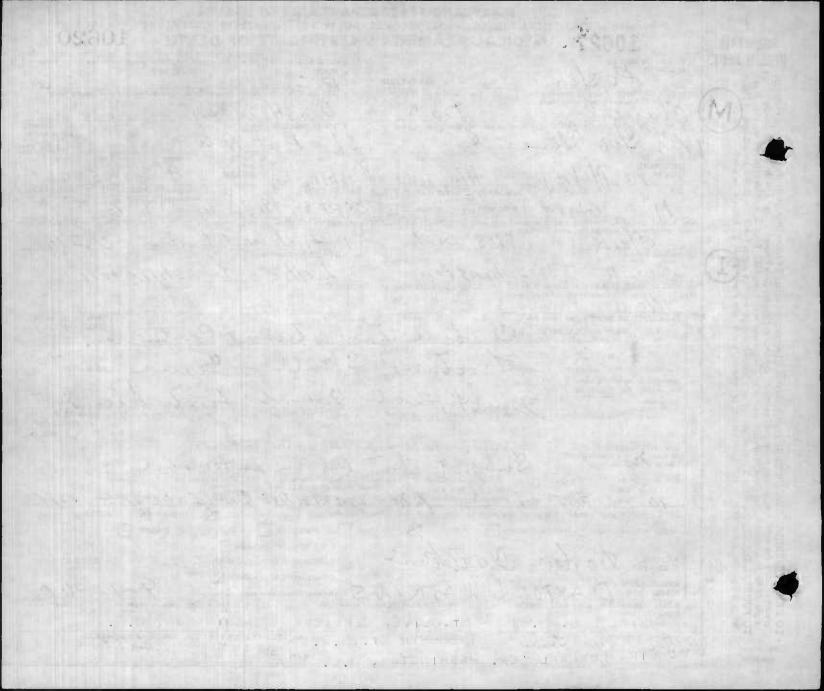
70070				10012
1. PLACE OF DEATH o. COUNTY				stitution: Rasidence before edmission
Prince George's	MARYLAND	o. STATE Maryla	nd Pri	nce George's
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	a CITY OR TOWN (If outside corporete limits, write l	RURAL and give nearest town)
Cheverly		Brandy	wine	
d. NAME OF HOSPITAL OR INSTITUTION (if not in ho.	spital, give street address)	d. STREET ADDRESS		e. IS RESIDENC
Prince George's General		Rt. 2	Box 160	YES NO
NAME OF First DECEASED	Middle	Last	4. DATE Month OF	Dey Yeer
(Type or print) Baby Boy		ington	DEATH September	r 14 1961
SEX 6. COLOR OR RACE 7. MARRIE	ED NEVER MARRIED 8	. DATE OF BIRTH 13	9. AGE (In years I	F UNDER 1 YEAR IF UNDER 24 HRS
Male Colored WIDOWI	ED DIVORCED	September 3		1 Hours
e. USUAL OCCUPATION (Give kind of work one during most of working life, even if retired)	IND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Coun	ty & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY
and daring most of working mo, even in remedy		Prince Geor	ges Co., Md.	U.S.A.
. FATHER'S NAME		14. MOTHER'S MAIDEN		
Joseph Herbert Swam	a	Thelma	Mae Washington	
was DECEASED EVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. 1	NFORMANT	Addrass	
(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)				
18. CAUSE OF DEATH [Enter only one ceuse per	line for (a), (b), and (c).]		2	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	/	Clevel	asis	ONSET AND DEATH
		Rema	2 1	
		Trema	lut	A185 - A21 - T
geva rise to immediate ceuse		0,000		
(a), stating the underlying DUE TO				
ceusa lest. (c)	TANK TANK TANK TANK			10104074(1140-11446-11446-11446-11446-11446-11446-11446-11446-11446-11446-11446-11446-11446-11446-11446-11446-11466
PART II. OTHER SIGNIFICANT CONDITIONS COI	NTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVE	PERFORMED?
				YES NO
2De. ACCIDENT WAS UNDERLYING 2Db. DES OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURED	. (Enter neture of injury in	Pert I or Pert II of item 18.)	
20c. TIME OF INJURY Month, Dey, Yeer 20d.		CE OF INJURY (Home, fern		(County) (Slete)
Hour a.m. While	a Litor At tille	ory, street, office bldg., etc.	•)	
p.m. 17		9/10	10/2/ 10/14	10/0/ 15-1 (1) (11)
21. I certify that (I) (this hospital) atten	1 //		6/	, 196. (, that (I) (we) la
saw the deceased alive on	and that	death occured att	LUM, from the causes a	nd on the date stated abov
220. SIGNATURE CALLED TO	Mesus	ATTENDING PHYS.	DIRECTOR PHYS.	. SIGNE
22c, PHYSICIAN'S	M	.D. PHYS E	Mileton Milet	
NAME (Type)				
OUDIAL CREMATION 225 DATE THEREOF	23c. NAME OF CEMETERY	OD CDEMATORY	23d. LOCATION (City, town	or county) (State)
REMOVAL ASSOCIETY) 23b. DATE THEREOF				
cremation 9/21/61	Pringe Georg			ryland
FUNERAL DIRECTOR'S SIGNATURY	ADDRESS		C'D BY REGISTRAR 25b. REGI	
exercise Co		DATE 8	EP 25'61 a	Thuy S. Kraus
arry w. remy, Jr. Kommisti	ator //			

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FOR STATE HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 10627 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 10620

EALTH DEPT.	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission)
是 是	a. COUNTY PARTYLAND	STATE b. COUNTY
File File	b. CITY, OR TOWN (if outside corporata limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Megg	welle RURAL and give gearest town) Children Do A	Washington 4) X-
di si di si	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address)	d. STREET ADDRESS O. IS RESIDENCE
STOP BETTE	Parter Heren	67 Pst N.W. YES NOTES
ath tare	3. NAME OF First Middle	Lest 4. DATE Month Day Year
the Ithe Ithe Sale Sale Sale Sale Sale Sale Sale Sal	(Type or print) MCVAY Alousius 4	(1) 1. / OF G
fer the	5. SEX 6. COLOR OR/RACE 7. MARRIED 8.	DATE OF BIRTH 19. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
nay nay wit	M Colored WIDOWED DIVORCED	Sont 30 1919 last birthday) Months Days Hours Min.
2, ar 5 n 4 2 hou	10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY	
1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	done during most of working life, evan if retired)	201.1 11 1 20
Sege.	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
A P M B I	OWEN J. Washington	1:11:0 /1200/:001
E G E E		NEORMANT Address
The Tage of the Ta	(Yes, no, or upkown) (Ifyesgivewarordatesofservice)	
with with any	18. CAUSE OF DEATH [Enter only one causa per line for (a), (b), and (c).]	I INTERVAL BETWEEN
in hing and	PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
ncil alo trar	The chost is	cirams, musis
fice fice val	DUE TO TO	Spill a tot
P. P. O. P.	Conditions, if any, which gave rise to immediate cause	- Succe - Succe nos.
ding ding as a	(a), steling the underlying DUE TO	ma 101 7 10. 0.12
pen amir sed	causa last. Z PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)1 19 WAS OUTOPSY
EX.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 208. EXTERNAL CAUSE WAS PRIMARY 10 or CONTRIBUTING COLUMN CONTRIBUTING COLUMN CONTRIBUTION	PERFORMED?
New Market	208. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURED. (E.	nter nature of injury in Part I or Part II of item 18.)
Med Med	PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH.	La Cara Anna - 1'
3 S Surie	Subject of	CE OF INJURY (Home, farm, ' 20f. (City or town) (County) (State)
Charitime of the page of the p	Hour a.m. While Not While	ory, street, office bldg., etc.)
the the	The state of the s	INCRIHAVE DIADENSBURG MO
Ties of Ties	21. I certify that I took charge of the remains described above, hel	
E E G E E E	death resulted from: Natural causes, Accident Suicident	
The War	d Va aunth	CHIEF MEDICAL EXAMINER
L forte	SIGNATURE DATTON CONCERNATION	M.D. ASSISTANT MEDICAL EXAMINER
ER Sign	EXAMINER'S DONALL ALATERIAL	DEPUTY MEDICAL EXAMINER A
onlo onlo onlo	22e, BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	Address (Street, city, town, or county) CREMATORY 22d. LOCATION (City, town, or country) (State)
2 S S S S S S S S S S S S S S S S S S S	REMOVAL (Specify)	
5 4 6 g	BURIAL 9.20.61 MT.OLIVET (23) SUPERAL PIRECTOR ALL 18-PORPESSOTH ST	CEMETERY WASHINGTON, D.C.
VS. A15ME	State of the state	orthur S. Thank
5M 9/60	TIUGUIRE FUNERAL SED MACHINICTON	D C DATE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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700			CERTIFIC	CATE	OF DEAT	Н			100	
o. COUNTY Pr	ince Georg	ges	MARYLAI	1111	USUAL RESIDENCE (o. STATE Mary		ed lived. If instituti b. COUNTY		ce befare adm	
b. CITY OR TOWN (I			c. LENGTH OF STAY IN	16	Brandy		orate limits, write R	URAL and g	give nearest to	iwn)
d. NAME OF HOSPIT OR INSTITUTION USAF Hospi		4 0000			d. STREET ADDRESS	ay Road			10	RESIDENCE A FARM?
NAME OF DECEASED (Type or print)		irst †	Middle RUTH		Lost WATSON	4. DATE OF DEATH	Mon		Doy 17	Yeor 19 61
Female	6. COLOR OR RACE	7. MARRIE	DIVORCED		ATE OF BIRTH	1922	9. AGE (In years lost birthday) 39 yrs.	IF UNDER Manths	1 YEAR IF UN Days Hau	7
Do. USUAL OCCUPATION during most of work Manager	N (Give kind af wark ing life, even if retire	d)	rchandising	NDUSTRY	11. BIRTHPLACE (SK		country)	12, CITI	USA	T COUNTRY?
3. FATHER'S NAME T. Edgar	Quicksal	l		14	i. Mother's Maide Dora	N NAME	vely			
S. WAS DECEASED EVEN	IN U. S. ARMED FO	service)) 234-28-40'	17. INFOR	MANT Husband		18 McKay		Brand	lywine
	TH [Enter anly and and the WAS CAUSED BY IMMEDIATE CAUSE	Tn+	far (a), (b), and (c).] estinal Obs	truct	tion				ONSET AN	BETWEEN ND DEATH Years
Canditians, if a gave rise ta it couse (a), stoting lying couse last.	the <u>under-</u>	(c) Car	cinoma of c							nonth
5	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER		RIBE HOW INJURY OCC			9,20		VEN IN PAK	PER	REORMED?
20c. TIME OF INJUR Haur a. m. p. m.	Y Manth, Doy, Y	ear 20d. IN. While at wark	Not while ot wark	factary,	OF INJURY (Hame, fi street, affice bldg.,	arm, 20f. (Cit	ty ar town)	-	County)	(State)
saw the deceas		al) attende 7 Sep	ed the deceased from 19 61, and the	am 15	h accurred a 06	19, ta_			1_, that (I e date stat	
220. SIGNATURE	es Him	uli		M.D.		MED. DIRECTOR	STAFF PHYS.	1	17 Sep	22b. DATE 61 SIGNED
22c. PHYSTCIAN'S NAME (Type)		RINER,		MC			Andrews		Wash 2	25, DC
3a. BURIAL, CREMATIO BAOVAL (Specify) BURIAL	9-2	0-61	Field	D-	ANCH	TA	ULBEE	, KE	NTU	itate)
The HUNT	S SIGNATURE	L Hom	E. WALDOR	F. M		SEP 2 0		STRAR'S SIG	GNATURE	

by the funeral director, and 2 shauld be filed with ofter death. Page 4 may be, the by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 shauld be detached far use as the buriol-transit permit. Then please remave corban papers. Pages 1 the State Board of Health prior to burial, cremation, or removal, and in any event within 72 haurs after death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

VR A15 (4) 15M 9/59

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LEKE KENTHERN	WALL HOME	Theld B	666
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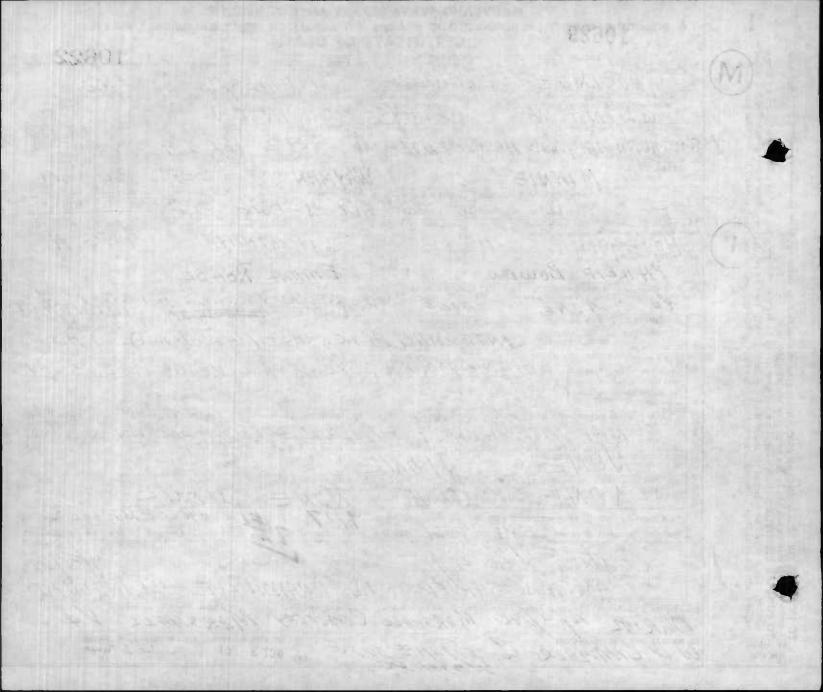
TO HOS TO HOS TO RATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours amended to the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

	CARTITICATE OF D		40699
1. PLACE OF DEATH a. COUNTY		RESIDENCE (Where decessed lived, If instit	
JORINGE COL	a. STATE	MARYLAND b. COUNTY	12000
b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 15 C. CITY C	OR TOWN (It outside corporete limits, write RUI	RAL end give neerest town)
write RURAL end give nearest town)	13 DAV<	1.11/19/70/11	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hos	spitel, give street eddress) d. STREET	ADDRESS	e. IS RESIDENCE
be a second a management ilms	0 0-1	1243 B-V 00	ON A FARM?
3. NAME OF FIFTY BAND HOS	Middle Last	4. DATE Month	YES NO Par
DECEASED	Middle Last	of CHAS	20 11
(Type or print) MINNE	C' WHY MI	AN DEATH SEPI,	50 1961
5. SEX 6. COLOR OR RACE 7. MARRII	ED NEVER MARRIED 8. DATE OF BIR		INDER 1 YEAR IF UNDER 24 HRS.
t W WIDOWI	ED DIVORCED AUG 3	31-1816 85 VIS.	onins Days Hours Min.
	KIND OF BUSINESS OR INDUSTRY 11. BIRTHPE	ACE (County & Stete, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)	FOME IV	IRGINIA	11.54
13. FATHER'S NAME		'S MAIDEN NAME	0 00,111
PHILLIP BOWEN	E	MMA ROADE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. (Yes, no prinkown) (Ifyes give war or dates of service)	SOCIAL SECURITY NO. 17. INFORMANT	Address	4 a Rays 14
HONE	NONE MRS, GE	OKAE THORNION /	MI SKITTEN HI
18. CAUSE OF DEATH [Enter only one couse per	line for (a), (b), end (c).)	37/1	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	TEDUAL HEMER	RAGE/G.I. TRAG	ONSET AND DEATH
IMMEDIATE CAUSE (6)	11-16-11761 111-1101C	Marie Contraction	1) 11001
DUE TO ME TA	INDITAID I FINE	110 217 = 117 = 110	CIUNE - DAVE
Conditions, if any, which geve rise to Immediate cause	LEOKET	11A-ALEURENIE	- ALINE [] SOULL
(a), stating the underlying DUE TO			
couse lost. (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN I	N PART 1(e) 19. WAS AUTOPSY PERFORMED?
CONGESTIVE H	FROT FAILU	RE COMPENSA	TED YES NO Z
20e. ACCIDENT WAS UNDERLYING 1 20b. DE	SCRIBE HOW INJURY OCCURED. (Enter nature	of injury in Pert I or Pert II of item 1B.)	
200. ACCIDENT WAS UNDERLYING 20b. DES	1/11/1=		
	INJURY OCCURRED 208. PLACE OF INJURY	(Home, ferm, : 20f. (City or town)	(County) (State)
Hour a.m //) 1/1= Whill	eNo/While/_/_ fectory, street, office		
₹ p/m/ 0 / 19 et wo	rk A hi xigit VII	NEINONE	= 14==
21. I certify that (I) (this hospital) after	nded the deceased from	7 1962 10 PRK-36	19. L.s, that (1) (we) last
saw the deceased alive on	196/ and that death occu	red atM, from the causes and	d on the date stated above.
228. SIGNATURE	ATTENDI	NG & MED. STAFF	22b. DATE
William Men	Cres A M.D. PHYS.	DIRECTOR PHYS.	4/30/101
22c. PHYSICIAN'S	22d. AD	DRESS	1 11 11 -11
NAME (Type) ARTHUR 5	HAVER TKAD, 18	RANOHAUE -C	WINTON, MD
23a. BURIAL, CREMATION, 23b. DAJE THEREOF	1234 NAME OF CEMETERY OR CREMATO	RY 23d. LOCATION (City, town o	or county) (Stete)
BUR 192 10/3/1961	MARSHALL COMO	TERY MARSIMA	CL, VA
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. REC'D BY REGISTRAR 25b. REGIST	RAR'S SIGNATURE
W.W. CHAMBERS Co-	511-11 57706	DATE OCT 3 '61 Chilh	un S. Thomas
	WARD IN		



TO HOS. AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. A 4 may be retained by the hospital or attending physician.

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MADVIAND STATE DEDADTMENT OF HEALTH

MARILAND SIAIL DEPARTMENT OF ILLALIN	
DIVISION OF SEA ISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE	1, MARYLAND
CERTIFICATE OF DEATH	10002

1. PLACE OF DEATH a. COUNTY			ESIDENCE (Where decease		ence before edmission)
Prince George	S M	aryland a. STATE	yland	Prince Geo	rge Is
b. CITY OR TOWN (if outside corpo	orete limits, c. LENGTH OF		TOWN (If outside corporete		
write RURAL end give nearest the Cheverly	2 days	7 Gre	enbelt		
	TUTION (if not in hospital, give street	address) d. STREET	ADDRESS		e. IS RESIDENCE
V	s General Hospita	- 1	A Crescent Ro	ad	YES NO
3. NAME OF DECEASED	First Midd	lle Last	4. DATE	Month De	y Year
(Typa or print) N	ohre M. Weh		DEATH	September 19	9 19 61
5. SEX 6. COLOR C	OR RACE 7. MARRIED NEVER MA	ARRIED 8. DATE OF BIRTI	9. AG	E (In yeers IF UNDER 1 YEA	
Female Whi	te WIDOWED DIVO	PRCED 11-21-81	7		Hours Min.
IDe. USUAL OCCUPATION (Give kins	d of work 10b. KIND OF BUSINES	S OR INDUSTRY 11. BIRTHPLA	CE (County & State, or foreign	n country) 12. CITIZEN	OF WHAT COUNTRY?
done during most of working life, ever Cashier - (Reti	red) Dept. S	tore Was	higgton, D.	C. U.	S.A.
13. FATHER'S NAME			MAIDEN NAME		
David C. Hol	lidav	Emma	H. Benton		
15. WAS DECEASED EVER IN U.S. AR	MED FORCES? 16. SOCIAL SECURI			-AdAss Cresc	ent Road
(Yes, no, or unkown) (Ifyesgiveweror	- 579-03-1	273 Richard		reenbelt,	
	only one cause per line for (e), (b), e				INTERVAL BETWEEN
			op panin	EXIT	ONSET AND DEATH
IMMEDIATE CA		~ VASCUNI	170010	EV	2 days
3317	DUE TO				
Conditions, if any, which geve rise to immediate cause	(b)				
(a), steting the underlying	DUE TO				
cause lest.	(c)				
PART II. OTHER SIGNIFICANT	T CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(e)	19. WAS AUTOPSY PERFORMED?
					YES NO K
PART II. OTHER SIGNIFICANT DEL 200. ACCIDENT WAS UNDERLYII OR CONTRIBUTING CAUSE OF OR CONTRIBUTING CAUSE OF	DEATH	URY OCCURED. (Enter neture of	injury in Pert I or Part II of it	em 18.)	
3 20c. TIME OF INJURY Month,	Dey, Yeer 2Dd. INJURY OCCURR			own) (County)	(State)
20c. TIME OF INJURY Month,	While Not While et work at work	factory, street, office	bidg., etc.)		
	s hospital) attended the dece	9/17	1061	9/19 10/1	11-1 (1) (110) lest
		, and that death occur	, 1961, to		
saw the deceased alive of	n19	, and that death occur	ed an ACRT.M, from the	causes and on the	22b. DATE
11/1-	Mondel	ATTENDIN		TAFF	SIGNED
226. PHYSICIAN'S	1142000	M.D. PHYS.		LEGE AVE	The state of the s
CAME (TXPOULS /	MENDEL, M	A 53	LEGE PAK	er or not	Mde
23a. BURIAL, CREMATION, 23b. D.	ATE THEREOF 23c. NAME C	OF CEMETERY OR CREMATORY	23d. LOCATIO	N (City, town or county)	(State)
Burial 9-	22-61 Glen	wood CEM	Wash	ington, D.	Cl
24 FUNERAL DIRECTOR'S SIGNATUR			25a. REC'D BY REGISTRAR		NATURE
W.W. Chambers	Riverdale,	Md.	DATESEP 2 2 '61	arthur S. Kr	un a

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Ucanier - (Retired) | Wegt. Store | Washington, D. C. | 1.8.6.

State Blims H. Senton

BACE JEBORSTD .. -35

David C. Holliday

- - - 879-03-1273 Higherd d. Hann Greenbelt, Md.

Extens were a firm of the contract of the cont

W.M. Chembers Biverdele, Md.

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Burlal 8-22-81 Glenwood (E. / Weenington, D. 31

1. PLACE OF DEATH . COUNTY Page files. Health, Prince George's Marvland MARYLAND b. CITY OR TOWN (if outside corporata limits, ay is neces. c. LENGTH OF STAY IN 16 write RURAL and give neerest town) Beltsville D.O.A . Riverdale d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS Leland Memorial Hospital may be retained 2 with the State death NAMEOF Middle DATE er death. If an DECEASED (Type or print) Alice Alphansane Wheatley DEATH urs after 6. COLOR OR RACE 7. MARRIED TEVER MARRIED 8. DATE OF BIRTH WIDOWED I 18. Give Pages 1, 2, and 1 form PM3. Page 5 mmir. File pages 1 and 2 vevent within 2 hour Female DIVORCED T 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) Own Home New York Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Henry Burnette 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT permit. (Yes, no. or unkown) ((Ifvas give werordates of service) in pencil in Item This certificate should be executed 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). r's Office along w s a burial-transit p remoyal, and in a PART I. DEATH WAS CAUSED BY: PUEUMONIA **DUE TO** Conditions, if eny, which (b) "pending" geve risa to immediate ceuse should be forwarded to the Chief Medical Examiner's FUNERAL DIRECTOR: Page 3 should be used as a DUE TO (a), stating the underlying Ö causa lest. cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. CERTIFICATION ease execute the certificate, writing the word 206. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | MEDICAL EXAMINER: burial CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Homa, farm, 1 20f. (City or town) 0 factory, street, office bldg., etc.) While Not While et work prior et work 21. I certify that I took charge of the remains described above, held an Autopsy 🛣 Inspection 🔀 agent, death resulted from: Natural causes X. Accident Suicide Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S James I. NAME (Type) Address (Street, city, town, or county) DEP its 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) b 940 Burial Bladensburg, Fort Lincoln 23. FUNERAL DIRECTOR ADDRESS 24e. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. A15ME SEP 2 6 '61 Chambers Co Riverdale, Md. arthur S. Kraus 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where daceased lived, If institute Prince Geora b. COUNTY c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARME 12106 Wheatley Lane YES NO Month September 61 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) 12. CITIZEN OF WHAT COUNTRY? U.S Edward Earl Wheatley, same as INTERVAL BETWEEN ONSET AND DEATH WAS AUTOPSY PERFORMED? YES NO . (County) (Stata) Inquiry and in my opinion Undetermined manner 9/22/61 SIGNED 22d. LOCATION (City, town, or country) (State)

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ON OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

DIVISION OF

STATISTICAL KESEN	KCH AND	KECOKD2	- BALIIA
CERTIF	ICATE	OF D	EATH

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1. PLACE OF o. COUNT	TV	ince Geor	ge	MAR	YLAND	- CTATE	Maryl		lived. If institution b. COUNTY			mission)
	R TOWN (If	outside corporate lim	its, write	c. LENGTH OF STAT	Y IN 16	c. CITY OR	TOWN (If o	outside corpore	ote limits, write R			
Chev	erly			D. O A.			rdale		63			
OR INS	STITUTION	orge Gene	10000000			d. STREET A		venue		1	OI	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or p	0	Charles	rst	Edward	_	Willia		4. DATE OF DEATH	Sept.	23	Day	Yeor 19 61
5. SEX		6. COLOR OR RACE	7. MARR	IED NEVER MARR	IED 🔲	B. DATE OF BIRTI	H	9	AGE (In years	IF UNDER 1 Y		- 1
Male	7/145	White	WIDOW		_	Aug. 1			55 yrs.	Months Do	ys Hou	urs Min.
10a. USUAL (OCCUPATION	N (Give kind of work	done 10b.	KIND OF BUSINESS	OR INDUS	TRY 11. BIRTHPL	ACE (Stote	ar fareign cou	untry)	12. CITIZEI	N OF WHA	AT COUNTRY
Sal	lesma	ng life, even if retired	, C	andy Co.	1117	New	v Yor	k		U. S	5. A.	
13. FATHER'S						14. MOTHER'S	MAIDEN N	IAME				
		harles Wi					arie '	Vensac				
15. WAS DEC (Yes, no, or unk Yes	CÉASED EVER	IN U. S. ARMED FOI f yes, give war or dates of Unk.		SOCIAL SECURITY NO	-	formant Helen E.	Will	liams	Same a		Wife	
18. CAL	JSE OF DEAT	TH [Enter only one co	ouse per lis	ne for (o), (b), and (c)	الد		01		2		INTERVAL	BETWEEN ND DEATH
Condition gove cause (tions, if on rise to im o), stoting the	he <u>under-</u> DUE TO	C)	liter	usch	Rewho	1+	cent	- Den	٠. ك		
CATIC		MITTER 2		CONTRIBUTING TO DI	EATH BUT	NOT RELATED TO	THETERM	INAL DISEASE	CONDITION GIV	EN IN PART 1	(o) 19. W. PE YES	RFORMED?
20a. ACC OR CON (IF EITHE	CIDENT WAS STRIBUTING ER, NOTIFY A	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY (OCCURRED). (Enter nature o	f injury in I	Part I or Port	II of item 18.)			
	E OF INJURY our o.m. p.m.	Month, Day, Ye	While ot war	NJURY OCCURRED Nat while k of wark		CE OF INJURY (tory, street, office			ar tawn)	(Cau	inty)	(State
saw th 22a. SIG 22c. PHY NA/	re decease SNATURE VSICIAN'S ME (Type)	ed alive on	1-8		d that d	ATTENDING A.D. PHYS. 22d. ADDRI	d at	ED. RECTOR	he causes an	d an the c		l) (ye) las ted abave 22b. DATE SIGNE
Burial,	CREMATION AL Specify)	9/26/6.		23c. NAME OF CEA		R CREMATORY National		1	on (City, town, ngton,			State)
24. FUNERAL	DIRECTOR'S	SIGNATURE		ADDRESS				D BY REGISTR		STRAR'S SIGN	ATURE	
F. G	asch	s Sons	H	vattsville	. Ma	ryland	DATE 8	EP 2 7 '6	1 0	allun 9 1	Kina	

hours after death. Poge 4 the funeral director, 12 shauld be filed with TO HOSPITA OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 may be recorded by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4) 15M 9/59

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death. Page 4 may be retained by the hospital or attending physician.

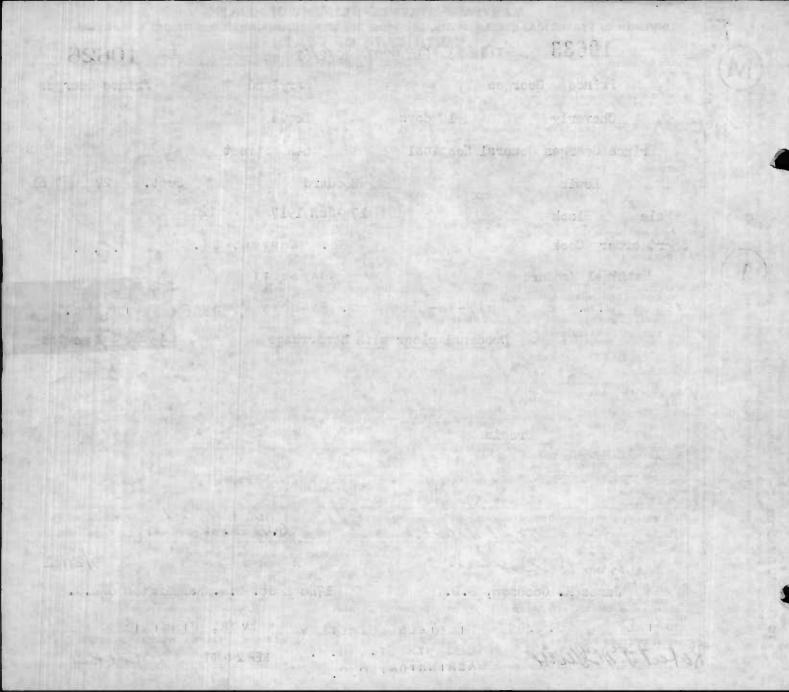
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled in prior to burial, cremation, or removal, and in any event, within 72 hours after death. within 24 hours after The law requires that the death certificate be execu OR ATTENDING PHYSICIAN: TO HO

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MADVIAND STATE DEPARTMENT OF HEAITH

	DIVISION OF STATISTICAL RESE	ARCH AND RECORDS	, 301 W. PRESTO	N STREET, BALTIN	ORE 1, MARYLAND
	10633 TH	CERTIFICAT			10000
1,	PLACE OF DEATH	em 13 Film G29	2. USUAL RESIDEN	CE (Where deceased lived,	If institution: Residence before edmission)
	a. COUNTY Prince Georges	MARYLAND	o. STATE Marv	b. co	
-	b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 16			Prince Georges
	write RURAL end give neerest town) Cheverly	10 days	Bowie		
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in he	espitel, give street address)	d. STREET ADDRESS		. IS RESIDENCE
	Prince Georges Genera	1 Hospital	6th	Street	ON A FARM?
3.	NAME OF DECEASED	Middle	Last	4. DATE Mo	nth Dey Year
	(Type or print) Lewis		Woodard	OF DEATH S	ept. 27 19 61
5.	SEX 6. COLOR OR RACE 7. MARRI	EDX NEVER MARRIED 8	B. DATE OF BIRTH	9. AGE (In year	FS IF UNDER 1 YEAR IF UNDER 24 HRS.
	Male Black WIDOW		17 Jan 191	7 lest birthdey	Months says Hours Minn
10		KIND OF BUSINESS OR INDUSTR		nty & State, or foreign count	TY) 12. CITIZEN OF WHAT COUNTRY?
	Short order Cook		So. HAMI	PTON, VA.	11 5 0
13	FATHER'S NAME		14. MOTHER'S MAIDEN		U. J. A.
	Nathinel Woodard		EMMA SC	ОТТ	
		. SOCIAL SECURITY NO. 17.	INFORMANT	Addr	0449 6TH ST
	YES W.W.# 8	17-12-6508 N	ARS. FRANCI	ES WOODWARD	POWIE. MD.
	18. CAUSE OF DEATH [Enter only one cause per	line for (e), (b), end (c).)			INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Due	odenal ulcer wi	th hemorrhag	e	2 months
	541.0 DUE TO				
	Conditions, if eny, which (b)				
	gava risa to immediate cause (a), stating the undarlying DUE TO				
	ceuse last. (c)				
NO O	PART II. OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMI	NAL DISEASE CONDITION	GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED
CATI	Uremia	3			YES NO
CERTIFICATION	OR CONTRIBUTING [] CAUSE OF DEATH	SCRIBE HOW INJURY OCCURED). (Enter neture of injury in	Pert I or Pert II of item 18.)	
	(IF EITHER, NOTIFY MEDICAL EXAMINER)				
SICAL	20c. TIME OF INJURY Month, Day, Yeer 20d. Hour a.m. Whi		ACE OF INJURY (Home, fare tory, street, office bldg., etc		(County) (State)
MEDI	p.m. 19 el wo				
	21. I certify that (I) (this hospital) atten				, 19.6/, that (I) (we) last
	A	19.4/., and that	death occured at 6	ON, Prom the cause	es and on the date stated above
	228. SIGNATURE	1	ATTENDING	MED, STAFF	22b. DATE
	Klynn / Just	leon "	1.0.	DIRECTOR PHYS.	9/27/61
	22c. PHYSICIAN'S NAME (Type)	MD	22d. ADDRESS	S+ N W Work	ington 6 D C
_	NAME (1993) ames R. Goodson				nington 6 D.C.
23	REMOVAL (Specify)	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City,	
_	BURIAL 10.1.61	GULFIELD (CEMETERY		NG I N I A
也	FUNERAL DIRECTOR'S SIGNATURE	1820 9TH ST	. N. W.	C'D BY REGISTRAR 25b.	
V	Tel 4. 11 suny	Maculinorno	DATE	SEP 2 9 '61	anthur & Hears

WASHINGTON,



FOR STATE

Page is necessary, files. al director. 0 Boar State death and 3 to the fi 2 with the MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the forwarded to the Chief Medical Examiner's Office elong with form PM3. Page 5 may be r. L. DIRECTOR: Page 3 should be used as a burial-trensit permit. File pages 1 and 2 with the sted agent, prior to burial, cremation, or removal, and in any event within 72 hours after designated DEPU

lease execute the certificate, writing the word "pending" should be forwerded to the Chief Medical Examiner's C PUNERAL DIRECTOR: Page 3 should be used as a be 240 p VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, teles 2 admission) 1. PLACE OF DEATH e. COUNTY Prince George's b. COUNTY District of Columbia MARYLAND b. CITY OR TOWN (if outside corporate limits, . c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporata limits, write RURAL and give nearest town Camp Springs Washington 1 week d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) 7263 Brinkley Road d. STREET ADDRESS IS RESIDENC ON A FARM? 2829 Gm2nesville Road Street S.E. YES NO R lizabeth Young NAME OF 4. DATE Day Year DECEASED Mary September (Type or print) DEATH 19 6. COLOR OR RACE 7. MARRIED THEYER MARRIED 5 SEY 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. irthdey) White Months Female May 15, 1909 WIDOWED [DIVORCED [10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? day during most of working life, even if retired) Own home District of Columbia U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary Hart Harry Styron 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes No or unkown) | (Ifyes give we ror detes of servica) William P. Young, same None 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH Metastasis to the liver PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Carcinoma of the right breast Conditions, if eny, which (b) gave rise to immediate cause DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) | 19. WAS AUTOPSY PERFORMEDZ. NO 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of itam 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Dev. Yeer 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Slate) fectory, street, offica bldg., atc.) While Not While Hour a.m. at work at work 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection 1 Inquiry and in my opinion death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE 9/22/61 DEPUTY MEDICAL EXAMINER EXAMINER'S James I. Boyd NAME (Typa) Address (Streat, city, town, or county) 22e. BURIAL, CREMATION, 22b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stata) 246 REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR

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William P. Young, prop as -

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FOR STATE HEALTH DEPT

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If an expessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the function. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME SM 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 10635 MEDICAL EXAMINER'S CERTIFICATE OF DEATH MEDICAL EXAMINER'S CERTIFICATE OF DEATH

				40009			
PLACE OF DEATH COUNTY		2. USUAL RESIDENCE (Whe	ere deceased lived, If institution	on: Residence before edmission)			
Prince George s	MARYLAND	. STATE Maryland	b. COUNTY P	rince George!			
b. CITY OR TOWN (if outside corporate limits.	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside		L end give nearest town)			
write RURAL end give neerest town) Cheverly	D.O.A.	1100					
d. NAME OF HOSPITAL OR INSTITUTION (if not in he		Mt. Rair	mer.	I e. IS RESIDENCE			
		1		ON A FARM?			
Prince George's Gene			Street	YES NO X			
DECEASED	Middle	Last 4. DA OF	TE Month	Dey Yeer			
(Type or print) William	Albert	Young	Septemb	per 6. 19 61			
SEX 6. COLOR OR RACE 7. MARRI	ED NEVER MARRIED 8	DATE OF BIRTH	9. AGE (In years IF UND	ER 1 YEAR IF UNDER 24 HRS.			
Male White widow		May 27,1888	last birthdey) Month.	s Deys Hours Min.			
, USUAL OCCUPATION (Give kind of work 10b.	KIND OF BUSINESS CHANDUSTR	11. BIRTHPLACE (State or foreig		CITIZEN OF WHAT COUNTRY?			
and deling most of working me, even it felled)	~ 1 = 0	Want - 3					
Maintainance	Govt Printin	Kentuckey 14. MOTHER'S MAIDEN NAME		TU.S.A.			
WAS DECEASED EVER IN U.S. ARMED FORCES? 18	SOCIAL SECURISION IN THE	Caroline El	lizabeth Mit	chell			
es, no, or unkown) (Hyes give wer or detes of service)	/	NFORMANT	Address				
		salind Young	, same as #	[‡] 2			
18. CAUSE OF DEATH [Enter only one cause per	line for (e), (b), end (c).]			INTERVAL BETWEEN			
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	ONSET AND DEATH						
immediate cause (a) Acute congestive heart failure							
Conditions, if eny, which (b)							
geve rise to Immediate cause							
(e), steting the underlying DUE TO							
PART II. OTHER SIGNIFICANT CONDITIONS CO	NTDIRLITING TO DEATH BUT NO	DELATED TO THE TERMINAL DISC	ACC COMPLETENT ON THE PARTY OF				
PARTIL OTTER SIGNIFICANT CONDITIONS CO.	INTERPORTED TO DEATH BUT NO	RELATED TO THE TERMINAL DISE.	ASE CONDITION GIVEN IN P.	PERFORMED?			
				YES NO			
PRIMARY Or CONTRIBUTING	RIBE HOW INJURY OCCURED. (E	nter nature of injury in Pert I or Pert	Il of item 18.)				
CAUSE OF DEATH.							
		E OF INJURY (Home, farm, 20f.	(City or town) (C	County) (State)			
Hour e.m. Whil	e Not While tacto	ry, street, office bldg., etc.)					
21. I certify that I took charge of the ren		d an Autonsy D. Incock	ion X, Inquiry X,				
death resulted from: Natural causes				and in my opinion			
death resulted from: Matural causes	, Accident , Suici		Undetermined manner				
1	12 0	CHIEF MEDICAL EXAMINE					
SIGNATURE COMER	Sough	M.D. ASSISTANT MEDICAL EXA	MINER	DATE SIGNED			
EXAMINER		DEPUTY MEDICAL EXAMIN	ER 🗓 Ser	tember 6,196			
NAME (Type) / James I. Bo		Address (Street, city, town	, or county)	0,10			
BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OR		CATION (City, town, or cour	1 1 1			
FIUM a Sept. 8, 1961	AHINGTON	National	I-T, MY	er, va			
FUNERAL DIRECTOR	ADDRESS	A. /a 24e. REC'D BY REC	GISTRAR 246. REGISTRAR"	S SIGNATURE			
V, W, Chambers Co. 3	301 Clare WA	NA MI		MERCH MEN			
	17 1 7 6 1 1	Me DATE TO 7	51 Oil 8	Frank			

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH A PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH CERTIFICATE Item 23b, Film G295 9/25/61 iwk 1 PLACE OF DEATH a. COUNTY b. COUNTY Prince George Maryland Prince George MARYLAND and b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL and give neerest town) Cheverly hours after 4Beltsville Pages led d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS Prince George General Hospital 4514 Sellman Road NAME OF 4. DATE Month Day complet DECEASED H. (Type or print) Rober IL DOLT DEATH 18. Sept. 6. COLOR OR RACE | 7. MARRIED X NEVER MARRIED 5. SEX 9. AGE (In years | IF UNDER 1 YEAR and lest birthday) Months Male White Dec. 13, 1889 WIDOWED [DIVORCED physician 10a. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OF INDUSTRY BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired Clerk Government New York U.S.A. 13. FATHER'S NAME please 14. MOTHER'S MAIDEN NAME 2 affending Robert Ziepolt Margaret Mann 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address removal (Yes, no, or unknwn) | (Ifves give war or detes of service) ng physician. no Elsie G. Ziepolt Same as # 2 577-10-1191 Wife 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: MyocandIAL INFANCTION IMMEDIATE CAUSE (a) the burial-transit DUE TO CONONANY THROM BOSIS aftending (b) gave rise to immediate cause DUE TO (e), steting the underlying ANTENIOSCLENDIN HEART DISPASE couse last. certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Se 0 use Prior 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Part II of item 18.) for After this detached 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED I 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) factory, street, office bldg., etc.) While Not While at work et work 21. I certify that (I) (this hospital) attended the deceased from... saw the deceased alive 22e, SIGNATURE ATTENDING DIRECTOR M.D. FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S 3 Ken Ry DMCAU filed v 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF THE WAY OF YOUR REMOVAL (Specify) \$ 0 · = 3 Sept.21,1961 Burial St. John's Church Beltsville. 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4)

Hyattsville, Maryland

DATE SEP 2 0 '61

15M 9/60

F. Gasch's Sons

e. IS RESIDENCE ON A FARM?

YES NO X

Yee

19 61

IF UNDER 24 HRS

WAS AUTOPSY

PERFORMED? No

(Stata)

22b. DATE

(Stete)

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